No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36071

Registrar's No. 9588

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 1/27/45 to 10.14/47 (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 13 5800 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NICK MILICH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 2 (Day) 1881 (Year)

8. AGE: Years 66 Months 2 Days 12 If less than one day br. min.

9. Birthplace (City, town, or county) Jugo-Slavia (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Unknown (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Wm L Mozell Und

(b) Address 1924 Allen Ave

19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1947 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 1 1947 to Oct. 14 1947 that I last saw him alive on Oct. 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Post Coronary occlusion

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Warren C Lewis (M. D. or other)

Address 5600 Arsenal Date signed 10-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.