

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County
Township Registration District No. 781 File No. 23851
or Primary Registration District No. 1003 Registered No. 6709
Village
or City: St Louis Mo (NO. 4035 ^{AGT} Grove Str St. 21 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William F Milbratz

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Married (Write the word)
6 DATE OF BIRTH September 16th 1950 (Month) (Day) (Year)		
7 AGE 66 yrs 10 mos 7 ds.		IF LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. Woodworker (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) Germany		
PARENTS	10 NAME OF FATHER Charles Milbratz	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany	
	12 MAIDEN NAME OF MOTHER Not known	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W F Milbratz
(Address) 4035 Grove St

15 Filed Jun 25 1917 Max Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **June 22 1917**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from **Apr 24 1917** to **June 22 1917**, that I last saw him alive on **June 22 1917**, and that death occurred, on the date stated above, at **2 48** m.

The CAUSE OF DEATH* was as follows:
lesion of Stomach

40 (Duration) ? yrs. mos. ds.

CONTRIBUTORY

(Secondary) (Duration) ? yrs. mos. ds.
(Signed) Arthur H de Masy M. D.
Jun 23 1917 (Address) 4046 N. Grand av.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL **New Bethlehem** DATE OF BURIAL **June 25th 1917**
20 UNDERTAKER **Hy Leicher U. Co** ADDRESS **1417 N. Market St**

