

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

Do not use this space.

JUL 12 1935

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. City Dept)

Registration District No. **791**  
**1003**  
Primary Registration District No. #.....

File No. 21454  
Registered No. **5397**  
St. .... Ward)

74427  
**2. FULL NAME**

Joe Milanovitis

(a) Residence, No. 910 Russell Ward 23  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ratie Milanovitis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 17-88</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>3</u>	DAYS <u>3</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nil</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer</u>		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

13. NAME Mile Milanovits

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Julia Cszmar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Ratie Milanovits  
(ADDRESS) 910 Russell Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Wood Park DATE June 24 35

19. UNDERTAKER Wm. C. Mayall  
(ADDRESS) 1925 Allen Ave

20. FILED JUN 29 1935  
J. F. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to June 21 1935  
I last saw him alive on 6/21 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
A. N. S. Ines  
Cerebral aneurysm  
JH  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Carl Schuckman, M. D.  
(Address) 1703 S. Grand

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.

