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.

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1170 — File No. 4489
7 Township ~~Jefferson~~ — Primary Registration District No. 6248-H. — Registered No. 16
7 City Richmond Hights, Mo. (No. St. Mary's Hospital / St. Ward)

2. FULL NAME Dr. John J. Millmann
(a) Residence, No. Florissant, Mo. St., Ward. / Florissant, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Frances Millmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1872.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 213
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) Illinois 2

FATHER
13. NAME August Millmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Rose Freschenbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Mrs. Frances Millmann Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florissant, Mo. DATE Jan. 14/37.

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.

20. FILED Jan. 13, 1937. Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1936, to Jan 10, 1937
I last saw him alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 11.20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	1 yr
Coronary Sclerosis	1 yr

Other contributory causes of importance:

94B

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

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?
If so, specify
(Signed) R A Kinsella M.D.
(Address) 415 Beaumont Bldg

Dr. Ralph Kinsella
3820 Washington
Jef. 5100
2.30 - 5 PM.