

REC'D APR 12 1939

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

8230
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **1995**
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St.
 (e) Length of residence in city or town where death occurred **47** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Herman Milka
 (a) Residence, No. **5800 Arsenal St.** St. **13** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 6, 1939**

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

22. I HEREBY CERTIFY, That I attended deceased from **June 24, 1937 to February 6, 1939**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unk - 1871**I last saw him alive on **February 6, 1939**. Death is said to have occurred on the date stated above, at **12:10 P.M.**
The principal cause of death and related causes of importance were as follows:7. AGE (YEARS) MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 (abt) X X**Hypertensive Heart Disease** Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Boiler-Fireman**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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.**

Other contributory causes of importance:

13. NAME **Unknown.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **"**

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **"**17. INFORMANT (ADDRESS) **E. Holony, 5800 Arsenal St.**18. BURIAL, CREMATION OR REMOVAL PLACE **Washington** DATE **2-8-39**19. FUNERAL DIRECTOR (ADDRESS) **W. Kriebitz 3000 City**20. FILED **MAR 2 1939** **J. B. Brueck** Local RegistrarName of operation **None** Date of.....
What test confirmed diagnosis? **Heart & P.E.** Was there an autopsy? **No.**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) **George M. Palko** M. D.
(Address) **5700 Arsenal**

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.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.

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.)