311255

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEC'D OCT 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8188

Registration District No. 791 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County 1

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis. 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2752 Ann Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Milcic. 422

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 1939 (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name William Milcic
13. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name May Kalla
15. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature William Milcic.
(b) Address 2752 Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23/39 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Sept 23/39

18. (a) Signature of funeral director [signature]
(b) Address 2906 Gravois Ave.

19. (a) SEP 23 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1939 hour — minute M.

21. I hereby certify that I attended the deceased ~~from~~ at birth , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death asphyxia livida (Still birth)	
Due to coils of cord about neck.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

PHYSICIAN — Underline the cause to 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 [signature] (M. D. or other)
Address 3804 Wilmington Date signed 9/23/39

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Thor Lutis, Registered Apprentice No. ..... working under my personal supervision.

Signed Thor Lutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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

If this body is not embalmed, above space should be left blank.