

31749

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

334 OCT 14 1939

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8212

1. PLACE OF DEATH:

(a) County _____ 2

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

(c) Name of hospital or institution:
4423 S. Grand Bl.
(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 _____

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4423 S. Grand Bl.
(If rural, give location)

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

3. (a) PRINT FULL NAME Arnold L. Milentz 453

8. (b) If veteran, name war _____ 8. (c) Social Security No. 494 05 7287

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1939 hour 4 minute 30 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred Milentz 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 7, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 11 1939 to Sept 23 1939
that I last saw him alive on Sept 23 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 9 16 hr. min.

Immediate cause of death Pulmonary Tuberculosis 34m

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Superintendent

Major findings: None made

Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business CRammer Dry Plate Co.

MOTHER FATHER { 12. Name Charles Milentz 1

13. Birthplace New York 1
(City, town, or county) (State or foreign country)

14. Maiden name Anna Kunze

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mildred Milentz
(b) Address 4423 S. Grand Bl.

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? _____

17. (a) Cremation (b) Date thereof Sept. 25, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vlahalla Crematory

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. H. ... (M. D. specialty) _____
Address 4738 ... Date signed 9/24/39

18. (a) Signature of funeral director Weick Bros. Und. Co
(b) Address 2201 S. Grand Bl

19. (a) SEP 25 1939 (b) _____
(Date received local registrar)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 x 10 1/2

On Subsequent
First in Person

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Nancy Atwood

Licensed Embalmer No. 3722

P. O. Address 402 Duchouquette St.

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.)

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