

No. 2
11-10-39
5-17-39
I X21492

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3251 N 20 Th Str
(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 _____

8. (a) PRINT FULL NAME Charles A. Milward
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Mary Milward 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Aug 10 Th 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 ----- 7 -- 8 - hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Brick Layer

11. Industry or business
12. Name William Milward
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Star
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Seemans
(b) Address 3251 N. 20 Th Str 1940

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20 Th 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str

19. (a) MAR 19 1940 (Date received local registrar) (b) J. J. [Signature]

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis Mo 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3251 N, 20 Th Str
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 Th day Of March
year 1940 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from 3-10-39
19____, to 3-18 1940
that I last saw him alive on 3-16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Senility

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

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Jos. Keenley (M. D. or other)
Address 3500 & 714th Date signed 5-18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.

P. O. Address.....

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.