

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16554

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4072

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:
Congress Hotel Ant.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community About 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alex G. Milius

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced / married

6. (b) Name of husband or wife Bertha Fuld Milius 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug 3, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 10 hr. min.

9. Birthplace Cincinnati Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Shoe Mfr.

12. Name William S. Milius

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

14. Maiden name Eva Wolff

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

16. (a) Informant Mrs. S. Milius

(b) Address Congress Hotel

17. (a) Burial (b) Date thereof 5/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director May

(b) Address 4356 Lindell Blvd

19. (a) MAY 15 1941 (Date received local registrar) (b) J. T. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1212
(d) Street No. Congress Hotel (If rural, give location) 275 N. Anson
(e) If foreign born, how long in U. S. A. ? 13 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from about 1934 to 5/11/41 1941
that I last saw him alive on 5/13/41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease ± 7 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy

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 Arthur E. Straub (M. D. or other) Dr. P.
Address 539 N. Grand Date signed 5/14/41

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

30
7
9

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..... *Guy W Wilkinan*

Licensed Embalmer No..... *3575*

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, fact should be so stated above.