

FILED MAY 7 1942

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 3766

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **Perry**
(c) City or town..... **Perryville**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Vade Constant Milliano**

3. (b) If veteran, name war..... 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 **Emma Milliano** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Mar. 6 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 21 hr. min.

9. Birthplace **Perry Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **Isaac Milliano**

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

14. Maiden name **Hattie Nations**

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

16. (a) Informant **Emma Milliano**

(b) Address **Perryville Mo.**

17. (a) **Burial** (b) Date thereof **4-30-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perryville Mo.**

18. (a) Signature of funeral director **Drehmann-Herral**

(b) Address **1905 Union Blvd.**

19. (a) **92 11 42** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **27**
year **1942** hour **5** minute **30P.** M.

21. I hereby certify that I attended the deceased from **4/20/42**
to **4/27/42**, 19....., and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Thrombosis - 5 hrs.**

Due to.....
Due to..... **none**

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

Major findings: **Acute appendicitis**
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)

23. Signature **Darren A. Marston** (M. D. or other)

Address **607 - N. Grand St. Perry Mo.** Date signed **4/27/42**

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

MOTHER FATHER

W. W. S. Meritt
University Club Bldg.
1-5 P.M.
Je 7675

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..... *Warren G. Carr*

..... Licensed Embalmer No. *3534*

..... 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.