

FILED FEB 4 1943

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1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: Barnes Hospital-Childrens  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/2 Day  
(Specify whether)

In this community 1/2 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town Granite City  
(If outside city or town limits, write "RURAL")

(d) Street No. % Koppers-United  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME ALBERT FRANKLIN MILKEMUS

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased February 14, 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 11 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Van Buren Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Martin Milkemus

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

14. Maiden name Dorothy Brame

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

16. (a) Informant H.L. Brame

(b) Address Granite City, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-30-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Grisham Cem. Elsinore, Mo.

18. (a) Signature of funeral director J. F. Brudeck

(b) Address Madison, Illinois

19. (a) JAN 28 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27  
year 1943 hour 9 minute 30 pm.

21. I hereby certify that I attended the deceased from 1-27  
1943 to 1-27 1943

that I last saw him alive on 1-27-43 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis

Due to \_\_\_\_\_

Due to 1/4

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy not done

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)

Means of injury \_\_\_\_\_

23. Signature R. J. Brame (M. D. or other) \_\_\_\_\_

Address Granite City, Illinois Date signed \_\_\_\_\_

Duration \_\_\_\_\_

2 weeks

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....

*Francis J. Lakey*

Licensed Embalmer No. *2792*

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.**