

ED OCT 13 1943 18

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **8680**

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

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:
4412 a Swan Ave
(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

3. (a) PRINT FULL NAME **Mathilda Milges**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 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: **January 14 1873**
(Month) (Day) (Year)

8. AGE: Years **70** Months **8** Days **16** If less than one day hr. _____ min.

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

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ernst Milges** 4
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Flora Oring**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **J V Wranforth**
(b) Address **4412 Swan Ave**

17. (a) **Burial** (b) Date thereof **Oct 2 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Picker Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funl Home INC**

(b) Address **1936 St. Louis Ave**

19. (a) **OCT 1 1943** (b) **J. Z. Budeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4516 Red Bud Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30**
year **1943** hour **10:30** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Cerebral Apoplexy**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
(c) Means of injury **Car**

23. Signature **James J. F. ...** (Dr. D. or other) **Carmer**
Address **1300 ...** Date signed **10/1/43**

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 *G. W. Kay*

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.