

Registration District No. **818** Primary Registration District No. **1003** State File No. _____ Registrar's No. **11155**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 62 years

3. (a) PRINT FULL NAME Mrs. Mary M. Milward

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife late Wm. B. Milward

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June 24 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Housework

12. Name Fred Oellermann

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

14. Maiden name Mary Liebert

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

16. (a) Informant Walter J. Milward

(b) Address 3617 Cora Ave.

17. (a) Burial St. Peters Cem
(Burial, cremation, or removal)

(b) Date thereof 12-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 15 1943
(Date received local registrar)

J. F. Brudeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3617 Cara Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th.
year 1943 hour 6:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from June 12-11 1940 to Dec 11 1943

that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease

Due to arterio sclerosis and rheumatic heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95

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 _____

23. Signature Chas. J. [unclear] (M. D. or other) M.D.

Address 3500 N. Grand Date signed 12-14-43

Duration 4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Jost 2 To 4
3500 N. Grand

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 Homer L. Ponder

Licensed Embalmer No. 3867

P. O. Address 2223 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.