

S. No. 2
M-5-43
7. 5-17-39
I X36871

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

721

State File No.

Registration District No. **318**

Primary Registration District No.

Registrar's No. **258**

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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

(c) City or town St. Louis 991
(If outside city or town limits, write "RURAL")

(d) Street No. 3425 Olive
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Hioright Milz

3. (b) If veteran, name war _____

3. (c) Social Security No. Nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1944 hour 5 minute 20 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Katherine Milz alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased August 28, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 4, 1944 to January 9, 1944
that I last saw him alive on January 9, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	79	4	12	_____ hr. _____ min.

Immediate cause of death coronary occlusion

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

10. Usual occupation Nil

Due to small thrombus forming in arteriosclerotic artery

Due to 95%

11. Industry or business _____

12. Name Louis Milz

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

14. Maiden name Elizabeth Dickman

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

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

16. (a) Informant Robert J. Milz

(b) Address 4937 Bonita

17. (a) Burial (b) Date thereof 1/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

Major findings: _____

Of operations: _____

Of autopsy coronary artery disease with coronary occlusion

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 10 1944 J. F. Budeck
(Date received local registrar) (Registrar's signature)

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 A. C. Haney (M. D. or other) _____

Address BARNES HOSPITAL Date signed 1/9/44

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

644

Handwritten notes and scribbles at the top of the page.

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.....

Handwritten signature: Harry Eynck

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis Mo

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.