

FILED FEB 28 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1455

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: 4172 Russell Bld. / B...
(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 Ratherine Millian
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Millian
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Jan. 16 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Hungary (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Balthasar Becker
13. Birthplace Hungary (City, town, or county) (State or foreign country) 4
14. Maiden name Magdalen Heintz
15. Birthplace Hungary (City, town, or county) (State or foreign country) 4

16. (a) Informant Frank Millian
(b) Address 4172 Russell Bld.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-44
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Witt Bro. & Nea
(b) Address 2929 S. Jefferson Av.

19. (a) FEB 15 1944 (b) J. F. Brunck
(Date filed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 11
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4172 Russell Bld. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1944 hour 12 minute 15A. M.

21. I hereby certify that I attended the deceased from 2/11/44
_____ 19____ to 2/14/44 19____

that I last saw her alive on 2/13/44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Due to _____

Due to Hypertension

arteriosclerosis

Other conditions chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1/21

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)
Means of injury _____

23. Signature Chas. A. Harris (M. D. or other) _____
Address 31579 Park Dr Date signed 2/14/44

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.....

V. C. Morris

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edgar F. With

..... Licensed Embalmer No. *2117*.....

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.