

FILED JAN 20 1945
Registration District No. 318

Primary Registration District No. 1000

Registrar's No. 272

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:
Alexian Brothers Hospital
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution..... 28 Days
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL") 1517
 (d) Street No. 5541 Grace Ave
 (If rural, give location) 9
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME..... Henry Milius
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 8th day January
 year..... 1945 hour..... 11:40 minute..... A. M.
 21. I hereby certify that I attended the deceased from Dec. 28
 1944, to Jan. 8, 1945;

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased February 17 1881
 (Month) (Day) (Year)

that I last saw h. im alive on Jan. 8, 1945;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>22</u>	hr. <u>0</u> min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

Immediate cause of death.....
Pneumonia Right Lobar 24 hrs.

10. Usual occupation Accountant
 11. Industry or business Anheuser-Busch Brewery
 12. Name..... Henry Milius
 13. Birthplace..... Germany (City, town, or county) (State or foreign country) 4
 14. Maiden name..... Mimmie Bartels
 15. Birthplace..... Missouri (City, town, or county) (State or foreign country) 0

Due to Duodenal Ulcer Bleeding 2 yrs.
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

16. (a) Informant..... Walter Milius
 (b) Address..... 7560 Williams Av Maplewood Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Jan 11 1945
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... New St. Marcus Cemetery

Major findings:
 Of operations Posterior Gastro-Enterostomy
Jan. 5, 1945 for Bleeding
Duodenal Ulcer
 Of autopsy.....

18. (a) Signature of funeral director..... Jeggenbein Bros.
 (b) Address..... 6409 Gravois Ave
 19. (a) JAN 20 1945 (Date received local registration) J. F. Budick (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..... 0

23. Signature..... J. Lewis Hutton M. D. or other MD
 Address..... 3606 Gravois Date signed 1/9/45

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

No. 7) m. Hendricks
3450 Business
Lic. 6900
Mr. Hutton
1 to 3
Pa 0568

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 John Ketter
Licensed Embalmer No. 3880
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: