

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 160

Primary Registration District No. 4250-5592

Registrar's No. # 19

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Pevely, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rt. #1 Pevely, Mo.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Pevely  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Walter Miller Milostan

3. (b) If veteran, name war -- 3. (c) Social Security No. 493-24-4277

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie 6. (c) Age of husband or wife if alive 55 years 1893

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

8. AGE: Years 52 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Tar roofer

11. Industry or business

12. Name Stephen Milostan

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

14. Maiden name Louisa Mueller (City, town, or county) (State or foreign country)

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

16. (a) Informant Susie Miller

(b) Address Rt. #1 Pevely, Mo.

17. (a) Burial (b) Date thereof 3/26/46  
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Walden

(b) Address 3634 Gravois Ave.

19. (a) March 23 1946 (b) (Please Print Name)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23  
year 1946 hour 4 minute 20 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: Verdict of coroner's inquest of coparceners Duration

Due to Death due to Heart failure

Due to Natural Causes

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) (e) Means of injury

23. Signatures T. B. Edwards (M. D. or other) Boyer

Address Cedar Hill Date signed 3/25/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8820

50

142

mo

**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 Frank J. Orlando

Licensed Embalmer No. 2645

P. O. Address St Louis

**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.**