

FILED JUL 26 1946
Registration District No. 318

Primary Registration District No. 1003

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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 45 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary T. Milkovitz

3. (b) If veteran, name was None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Milkovitz 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased February 17, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Stephen Schmidt

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Milkovitz

(b) Address 9831 Valley Dr. Riverview

17. (a) Burial (b) Date thereof 7/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 19 1946 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Riverview Gardens
(If outside city or town limits, write "RURAL")

(d) Street No. 9831 Valley Dr.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17, year 1946 hour 1:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 15 1946, to July 17 1946
that I last saw her alive on July 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral & liver with presence of stomach & Cardiovascular renal disease

Due to Fracture of pelvis in good position due to fall long ago

Due to Accidently had this fall for some time but caused no symptoms. I do not believe the fall was the cause of death

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

Duration unknown

Major findings:
Of operations _____

Of autopsy Hof

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) (e) Means of injury _____

23. Signature Len W. Winovich (M. D. or other) md
Address 8212 N. Broadway Date signed 7-18-46

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 William G. Bushholz
Licensed Embalmer No. 21100
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.