

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: City Hospital  
(d) Length of stay: In hospital or institution  
In this community

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 5426 N. Broadway  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March 19, 1947 hour 12 minute 02 M.  
21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

4. Sex male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Mary Millich  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased March 5 1873

Immediate cause of death: Broncho Pneumonia  
Duration: 3 months  
Due to: City Hospital  
Other conditions  
Major findings  
Of operations  
Of autopsy

8. AGE: Years 74 Months 0 Days 14  
9. Birthplace  
10. Usual occupation Unemployed  
11. Industry or business

MOTHER FATHER  
12. Name Unknown  
13. Birthplace  
14. Maiden name Unknown  
15. Birthplace

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Nick Millich  
(b) Address 5426 N. Broadway  
17. (a) Burial (b) Date thereof 3/22/47  
(c) Place: burial or cremation Mt. Hope Cem.  
18. (a) Signature of funeral director CHULICK FUNERAL HOME  
(b) Address 1722 S. Jefferson Ave.  
19. (a) MAR 21 1947 (b) J. F. Brodeck (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Murder  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Date signed

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

**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..... *Alex A. Chulick Jr*

Licensed Embalmer No..... *4143*

P. O. Address..... *1722 S. Jeff*

**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.**