

FILED FEB 9 1948
Registration District No. **39487**

Primary Registration District No. **3670**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Webster Groves**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **#15 Woodhaven Rd.**
(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 **Mo.** (b) County **96**

(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL") **7**

(d) Street No. **#15 Woodhaven Rd.**
(If rural, give location) **4**

(e) Citizen of foreign country? _____ (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **ALEX MILTENBERGER**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **30** year **1948** hour **9:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec 7** 19**47**, to **Jan 30** 19**48** that I last saw him alive on **Jan 30** 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 **Married**

6. (b) Name of husband or wife **Lillian S.** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Nov. 2 1874**
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion** **30 min.**

8. AGE:	Years	Months	Days	If less than one day
	73	2	28	hr. min.

Due to **Atherosclerosis of the coronary arteries** **5 years**

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

Due to **94**

10. Usual occupation **Chairman of Board**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **Tower Grove Bank**

Major findings: Of operations _____

12. Name **Ferdinand E. Miltenberger**

Of autopsy _____

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

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

14. Maiden name **Marie S. Stoffel**

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

16. (a) Informant **Lillian S. Miltenberger**

(b) Address **#15 Woodhaven Rd.**

17. (a) **Entombment** (b) Date thereof **2-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Mausoleum**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **2-2-48** (b) **Beckley**
(Date received local registrar) (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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

Signature **James B. Jones** (M. D. or other) **MD**

Address **332 Fr. ...** Date signed **Jan 31, 1948**

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

MOTHER FATHER

16
7
4

MAR 10 1948

334 W. So. Broadway 1-1

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

Signed Edwin M. Bennett
Licensed Embalmer No. 3024

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.