

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6777**
Registrar's No. **1267**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME STEVE MILLICK
3. (b) If veteran, No name war
3. (c) Social Security No. 497-07-6243

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced, or Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years
7. Birth date of deceased Jan. 6 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Grocery Business

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Kriwanek
(b) Address 3749 S. Grand

17. (a) Burial **(b) Date thereof** 2/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Wacker-Hildebrand
(b) Address 3634 Graves Ave.

19. (a) FEB 6 1948 **(b)** J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3354 S. Jefferson
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 5th
year 1948 hour 5 minute 07 A.M.
21. I hereby certify that I attended the deceased from 1/16/48
_____ 19____ to Feb. 5th 1948
and that death occurred on the date and hour stated above.

that I last saw h. im alive on Feb. 5th 1948
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Uremia
Due to Arterio-sclerosis
Due to 12/10
Other conditions Arterio-sclerosis Heart
(Include pregnancy within 3 months of death) Disease & failure

Duration days
years _____
months _____
PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings: Disease & failure
Of operations _____
Of autopsy Not Done

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)
(Specify means of injury)
23. Signature Robert J. Gilbert **Date signed** 2/5/48
Address 1515 Lafayette

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

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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. Pyland*
Licensed Embalmer No. *2645*
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.