

FILED JUN 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21819

BIRTH NO. 112132 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5446

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 5018 GRACE AVE			
3. NAME OF DECEASED (Type or Print) Valentine		a. (First)		b. (Middle)	
		c. (Last) Millecker		4. DATE OF DEATH (Month) (Day) (Year) June 20th, 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER 2	
8. DATE OF BIRTH APR. 9, 1873		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR - FOR SELF		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HUNGARY 8	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN MILLECKER		13b. MOTHER'S MAIDEN NAME CLARA UNKNOWN	
14. NAME OF HUSBAND OR WIFE LATE ANNA MILLECKER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME JOHN MILLECKER		ADDRESS 5018 GRACE AVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis of left foot</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6/9/50</u> to <u>6/20/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/20/50</u> , 19 <u>50</u> , and that death occurred at <u>10:01 PM</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Joseph A. Roden, M.D.</i>		(Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 6/21/50		24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE JUN. 23 1950	
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.			
DATE REC'D BY LOCAL REG. JUN 22 1950		REGISTRAR'S SIGNATURE <i>J. B. Sarsator</i>		25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER	
		ADDRESS 4278 S. KINGS HIGHWAY			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Richard W. Stovessand

Signed.....

Student Embalmer

Licensed Embalmer No. 4007

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.