

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24107**
5595

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 24 hrs		f. STREET ADDRESS (If rural, give location) 3524 N 22d St	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEF	b. (Middle)	c. (Last) MILISITCH	4. DATE OF DEATH (Month) (Day) (Year) JUNE 27 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8 1888	9. AGE (In years) last birthday 66	if UNDER 1 YEAR Months 11	if UNDER 24 HRS. Days 19	Hours 19	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Dept Recreation Dir		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (City and State or Foreign Country) Austria		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Steve Milisitch	13b. MOTHER'S MAIDEN NAME Anna ???	14. NAME OF HUSBAND OR WIFE Augusta E Boguska
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or Name of Service) no	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Mrs. Augusta E Miligitch	ADDRESS 3524 N 22d St
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial Pneumonia		
ANTECEDENT CAUSE		DUE TO (b) _____	
*Forbid conditions any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cardiac arrythmia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 493X
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22. I hereby certify that I attended the deceased from **6-26-55**, 19____, to **6-27-55**, 19____, that I last saw the deceased alive on **6-27-55**, 19____, and that death occurred at **11:12A m.**, from the causes and on the date stated above.

23a. SIGNATURE John F. Bergmann MD	(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 6-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 30 1955	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. JUN 28 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc.,	ADDRESS 1936 St. Louis Av
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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 _____, Student Embalmer No. 700 working under my personal supervision.

Student Name
Signature of Student Embalmer

Signed Philip J. Krupa

Licensed Embalmer No. 34

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.