

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22991

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Mo. Primary Registration District No. 1003 File No.
 City St. Louis Mo. (No. 2715 Blair Ave) Registered No. 6670
 St. Ward

2. FULL NAME

(a) Residence. No. 2715 Blair St. 2 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | 1 | 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Private Watchman
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Mr. J. Mikus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Apelonia Bruns

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Mary Mikus
 (Address) 2715 Blair Ave.

15. FILED 7 22 1927 Max B. Starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1927

17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1927, to July 20th, 1927, that I last saw h. alive on July 20, 1927, and that death occurred, on the date stated above, at 245 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1011B Hepatic Anoxia
1/22/27 (duration) yrs. mos. ds. 13 ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis, Non alcoholic
 (duration) yrs. mos. ds. 7 ds.

18. WHERE WAS DISEASE CONTRACTED 4/2
 IF NOT AT PLACE OF DEATH? 4/2

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Wm. H. Vogler, M. D.
7/21, 1927 (Address) 4244 M. Florissant

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL July 25th 1927

20. UNDERTAKER Aug. Brockland & Co ADDRESS 1421 N. 9th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

