DR. WURZER
8900 ST. CHAS. RD

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

Do not use this space.

5966

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
96 Township Central — Primary Registration District No. 6033 B — Registered No. 72
City Overland (No. , St. Ward)

2. FULL NAME Otilda Antonette Mikus
(a) Residence, No. 9221 Bristol St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAR 25 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Henry Mikus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28. 1848

7. AGE — YEARS 83 — MONTHS 3 — DAYS 29 ~~30~~ — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fieldon, Ill 2

FATHER
13. NAME Christofer Heitzig 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Wilhemina Schaaf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. F. Arnold 9221 Bristol Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Ferdinand DATE Feb. 29 1932

19. UNDERTAKER (ADDRESS) Baumann Bros Overland Mo

20. FILED 2-28 1932 Nella Bracy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932, to Feb 27, 1932
I last saw her alive on Feb 15, 1932 Death is said to have occurred on the date stated above, at 3 49 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arrhosis of Liver	
Carcinoma of Gallbladder	
46E 12 03	
46 S	

Other contributory causes of importance:
Myocarditis Chronic
Valvular Insufficiency

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (1) Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arnold H Wurzer, M. D.
(Address) 8900 St. Chas Rd.

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.

V.S. NO. 2.