

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

Do not use this space.

17830

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. Lutheran Hospital) St. Ward

File No.
Registered No. 4784
St. Ward

2. FULL NAME

Mathias Mik
(a) Residence, No. 1300 Allen ave. St. 23 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quick meal co

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) Bohemia ?
Czechoslovakia

13. NAME Joseph Mik

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT Frank Mik
(ADDRESS) 3138 Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE S S Peter & Paul May 18, 1922

19. UNDERTAKER Thos Kuitis
(ADDRESS) 2906 Graves ave

20. FILED MAY 16 1922

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1922

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1921, to May 15, 1922

I last saw him alive on May 15, 1922 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Caecum Date of onset

Other contributory causes of importance: ①

Name of operation none Date of
What test confirmed diagnosis Chemical & Pathology Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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) B. E. Moeller, M. D.
(Address) 3537 S. Jefferson

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.

