

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.

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

Do not use this space.

21248

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 3085  
City St. Louis (No. Lutheran Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
File No. \_\_\_\_\_ Registered No. 5026

2. FULL NAME

Katherine Mirkey (Mirkey)  
(a) Residence, No. 4973 Staska St. 14 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1890

7. AGE YEARS 43 MONTHS 9 DAYS 19 If LESS than 1 day, .....hrs. or .....min.

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

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) Hungary

MOTHER 13. NAME Andrew Pavlovitz

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

15. MAIDEN NAME Elizabeth Becker

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

FATHER 17. INFORMANT Stephan Mirkey  
(ADDRESS) 4973 Staska

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Church DATE June 9, 1933

19. UNDERTAKER Thos. Kuitis  
(ADDRESS) 2906 Gravois ave

20. FILED 1933 19 St. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6<sup>th</sup>, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929, 19... to June 6<sup>th</sup>, 1933

I last saw him alive on June 6, 1933 Death is said to have occurred on the date stated above, at 11:30 pm.

The principal cause of death and related causes of importance were as follows:  
cardiac decompensation  
chronic myocarditis

Date of onset 9:30  
9:15

Other contributory causes of importance: none

(Name of operation none) Date of \_\_\_\_\_  
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) S. H. Mays, M.D.  
(Address) So. Side half 1st st. S. L.

