

SEP 26 1935

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

Do not use this space.

28336

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City St. Louis, City No. 7060 Maryland Ave St. _____ Ward)

File No. _____
Registered No. 84

2. FULL NAME

Arminique N. Miksell

(a) Residence, No. 7060 Maryland Ave 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 13

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

MOTHER 13. NAME Cornelius Miksell

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

15. MAIDEN NAME Rachael Vickers

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

17. INFORMANT (ADDRESS) Mrs M. C. Miksell
7060 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE 8-5-35

19. UNDERTAKER (ADDRESS) LOUIS H. BOPP
Wentwood Mo

20. FILED Aug 3 19 35 Lena V. Mueller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3 1935

22. I HEREBY CERTIFY, That I attended deceased from November 1 1934 to August 3 1935
I last saw him alive on August 1 1935 Death is said to have occurred on the date stated above, at 8:45A.M.
The principal cause of death and related causes of importance were as follows:

Cancer Transverse Colon 1934
Ascites
Lymphosarcoma
Chronic myocarditis
1934

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury _____
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Thomas A. Johnson M. D.
(Address) Metropolitan Building
St. Louis, Mo

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.

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