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.

JAN 13 1936

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

Do not use this space.

41613

File No. 1085

Registered No.

Registration District No. 1003

Primary Registration District No. 791

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hospital St. Ward)

2. FULL NAME Michael J Niculescu

(a) Residence, No. 618 Marion St., 23 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 2 - 1872

7. AGE: Years 63 | Months 6 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: Unemployed

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): Romania

FATHER

13. NAME: Jake Niculescu

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Georgina Wollowicz 618 Marion St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Peter & Paul DATE: Dec 24 '35

19. UNDERTAKER (ADDRESS): Wacker - Helderle 2331 Broadway

20. FILED: DEC 23 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 p.m.

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

Date of onset

Injured wrong side of the road with Streetcar Page, while pedestrian at Residence

Other contributory causes of importance: 168

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Injury Date of injury 12-22, 1935

Where did injury occur? City Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury see above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harold [illegible], M. D.

(Address) City Hosp