

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

**32778**

Do not use this space.

**1. PLACE OF DEATH**

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. Luthern Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 143 W. Valma Ave. St. Louis Co. Mo. **NR** Stanton Mo.  
(Usual place of abode, if no street address, write county or city) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2nd. 1876.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beer Bottler  
9. Industry or business in which work was done, as saw mill, bank, etc. Brewery  
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) Austria Hungary

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Charles Mikusch  
(ADDRESS) 4645 Steffen Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sunset B. Park DATE Sept. 23- 19 37

19. FUNERAL DIRECTOR Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. SEP 22 1937 19 37 J. Bredeck  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20th. 19 37

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1937, to Sept 20th, 1937.

I last saw him alive on Sept 20th, 1937. Death is said to have occurred on the date stated above, at 5:54 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial Failure  
Chronic Myocarditis

Date of onset April 6, 1937  
up to

Other contributory causes of importance:

Name of operation 0 Date of 0  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Arnold Klein, M. D.  
(Address) 2632 N. Kingshighway



STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2645 or by \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

Frank J. Hyland

Licensed Embalmer No. 2645

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**