

REVISED DEC 12 1933

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

37627
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **St. Anthonys Hospital** Registered No. **9954**
(e) Length of residence in city or town where death occurred **35** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Marie Mikes (If death occurred in Hospital or Institution, write its name instead of street and number)
(a) Residence, No. **4330 Gertrude Avenue** St. **2** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 15, 1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **Oct 1, 1938, to 11-15, 1938**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 6, 1887**

I last saw him alive on **11-14, 1938** Death is said to have occurred on the date stated above, at **4 A.M.**

7. AGE YEARS **51** MONTHS **3** DAYS **9** If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Chronic Myocarditis Coronary Disease Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

Other contributory causes of importance: **Bilateral Pyelitis, non calculous**

13. NAME **William Hajek**

Nephritis, caused by chronic nephritis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

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

15. MAIDEN NAME **Marie Sedlak**

What test confirmed diagnosis?..... Was there an autopsy? **No.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT (ADDRESS) **Frank Mikes 4330 Gertrude Avenue**

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter & Paul Nov. 18, 1938**

Manner of injury..... Nature of injury.....

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **William C. Moydell 1926 Allen Avenue**

24. Was disease or injury in any way related to occupation of deceased? If so, specify **Charles Ebers** M. D.

20. FILED 19 **Nov 18 1938** Local Registrar

(Signed) **Charles Ebers** (Address) **7201 So Broadway**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Benj. L. Duman

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.)

If this body is not embalmed, above space should be left blank.