

B 28 1940
 S. No. 2
 —11-10-39
 7-5-17-39
 No 1 X21492

8157

State File No. _____

Registrar's No. 472

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED MAR 7 - 1940
 784

Registration District No. _____

Primary Registration District No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Overland Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2452 Brown Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Valentine Mikulus
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Caroline Mikulus
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 2 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER
 { 12. Name Valentine Mikulus
 { 13. Birthplace Austria
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unk
 { 15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Mikulus
 (b) Address 2452 Brown Road

17. (a) Burial (b) Date thereof 3/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director E. J. Schaur
 (b) Address E. J. Schaur 3125 Lafayette

19. (a) FEB 28 1940 (b) J. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town Overland Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 2452 Brown Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
 year 1940 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from 2-27-1940
 _____, 19____, to 2-28, 1940
 that I last saw him alive on 2-28, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute bronchitis
 Duration 3 Da

Due to _____
 Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
 Year _____

Major findings:
 Of operations none
 Of autopsy none
 Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Means of Injury)
 23. Signature Paul R. Whitener
(M. D. or other)
 Address 892 37th St Date signed 2-28-40

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 *Joseph Blalock*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave.*

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.