

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17139  
State File No. \_\_\_\_\_  
Registrar's No. **4617**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
**1704 S. 12th St.**  
(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 **WILLIAM MIK**

3. (b) If veteran, name war **nil** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased **March 27, 1877**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>63</b>	<b>1</b>	<b>26</b>	hr. _____ min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Mik**

13. Birthplace **Czecho-Slovakia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jilek**

15. Birthplace **Czecho-Slovakia**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Cecelia Niemeyer**

(b) Address **1704 So. 12th St.**

17. (a) **Burial** (b) Date thereof **May 27-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter & Paul**

18. (a) Signature of funeral director **Mrs. Maydell**

(b) Address **1926 Allen Ave.**

19. (a) **MAY 25 1940** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **23**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1704 S. 12th St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**  
year **1940** hour **10** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **Jan 15<sup>th</sup>**, 19**40**, to **May 22<sup>nd</sup>**, 19**40**, that I last saw him alive on **May 22<sup>nd</sup>**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Disease of heart** Duration **4 months**

Due to **Inflammatory Rheumatism** **4 months**

Due to **Probably Exposure** \_\_\_\_\_

**trauma**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **No operations**

Of operations \_\_\_\_\_

Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: **no**

(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)  
(e) Means of injury \_\_\_\_\_

23. Signature **W. H. Harris** (M. D. or other) \_\_\_\_\_

Address **1544 So. Broadway** Date signed **5/24-40**

WHILE FAMILY USE UNFADING BLACK INK—MAKE 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.

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**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.....

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.**