

BUREAU OF THE VITALS
FILED APR 20 1942

STANDARD CERTIFICATE OF DEATH

State File No. 8974

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 3393

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 12 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Hedge Mikoff
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mike Mikoff 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased October 12 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Craik Saskatchewan, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Samuel M. Hedge
13. Birthplace Advance Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Strange
15. Birthplace Mason Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mike Mikoff Jr.
(b) Address 2301 Brandt St. Alton, Ill.

17. (a) Burial (b) Date thereof Apr. 18, 1942
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Rock Point Cemetery, Advance, Mo.

18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Illinois

19. (a) APR 15 1942 (b) J. F. Prudick
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 2301 Brandt St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country USA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour 7:45 minute P M.
21. I hereby certify that I attended the deceased from April 2, 1942 to April 14, 1942
that I last saw ex alive on April 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculous meningitis
Lungs not affected
Due to 14.
Due to 24.
Other conditions: 14.
(Include pregnancy within 3 months of death)

Major findings: 14.
Of operations: 24.
Of autopsy: 14.

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?
(Specify type of place) _____
While at work? _____ (e) Means of injury 0
23. Signature H. M. Wilcox (M. D. certifier)
Address BARNES HOSPITAL Date signed 7-19-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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~~.....

..... *Robert H. Streeper*, Registered Apprentice No.
working under my personal supervision.

Signed..... *Robert H. Streeper*

Licensed Embalmer No. *2474*

P. O. Address..... *Alton Ill.*

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, fact should be so stated above.