

FILED AUG 6 1942

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

6086

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-day
(Specify whether years, months or days)
In this community 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4143 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Victor E. Miketta

3. (b) If veteran, name war None
3. (c) Social Security No. 489-03-3705

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Lottie Miketta
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April 11th., 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 6 hr. min.

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

10. Usual occupation Pressman

11. Industry or business

MOTHER FATHER { 12. Name Victor Miketta
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Unknown
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Miketta

(b) Address 4143 Washington Blvd.

17. (a) Burial (b) Date thereof 7-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish Hall

18. (a) Signature of funeral director Arthur J. Bonnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 18 1942 (b) J. D. Bonnelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th.
year 1942 hour 6 minute 40 a.m.

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

Immediate cause of death _____

Carcinoma of Stomach

Due to Arteriosclerosis

Due to Infarct of heart

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

Major findings:
Of operations None
Of autopsy Pending

PHYSICIAN
Underline 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 3

23. Signature Alfred Perry (M. D. or other)
Address Jefferson Date signed 7/19/42

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

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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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.