

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registrar's No. **8336**

FILED SEP 28 1943 318

Primary Registration District No. _____

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

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:
Alexian Bros Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 4 Days
In this community 35 Years in St. Louis. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 746 S 4th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB MIKE

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 Married

6. (b) Name of husband or wife JAMELIA MIKE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 9th 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Second Hand Dealer

11. Industry or business _____

12. Name Michael Mike

13. Birthplace Syria
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Syria
(City, town, or county) (State or foreign country)

16. (a) Informant Jamelia Mike

(b) Address 746 S 4th St.

17. (a) Burial (b) Date thereof Sept 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 Gravois Ave.

19. (a) SEP 20 1943 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1943 hour 4 00 P. Minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1943 to Sept 18 1943
that I last saw him alive on September 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular heart Duration _____

Due to Chr. nephritis

Due to Ely/arteriosclerosis

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature H.R. Northrup M.D. (M. D. certified)
Address 740 S. 4th St. St. Louis Mo Date signed 9/24/43

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..... *V E Morris*
Licensed Embalmer No..... *3360*
P. O. Address.....

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.