

#42026

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15419

State File No. _____

FILED JUN 4 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4509

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 316 Geyer Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael Muich

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male, 5. Color or race Wht

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Unknown abt. 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>About</u>	<u>52</u>	<u>Unknown</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business American Car Co.

12. Name Henry Muich

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

14. Maiden name Dorothy Derkos

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

16. (a) Informant John Muich

(b) Address 1820 S. Broadway

17. (a) Burial (b) Date thereof 5/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. S. Mayhew

(b) Address 1926 Allen Ave.

19. (a) MAY 22 1945 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1945 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from 5/12/45
_____, 19____, to 5/21/45, 19____;
that I last saw him im alive on 5/21/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningococcal Meningitis 10 days
Duration

Due to _____

Due to 6.

Other conditions _____
(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)
_____ Means of injury Ind.

23. Signature J. S. Walkers 5/21/45
Address 1315 Lafayette (Date signed)

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed H. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen av

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.