

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 5431 Plover Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Mulicky
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Widow 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Albert Mulicky
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased April 10, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 25 hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Michael Dutko
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert A. Mueller
(b) Address 5431 Plover Ave

17. (a) Burial (b) Date thereof 5/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 7 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5431 Plover Ave
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1946 hour 12:30 AM 11 minute M.

21. I hereby certify that I attended the deceased from Nov.
1945, to May 3, 1946
that I last saw her alive on May 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 days

Due to Hypertension

Due to Senility

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

Major findings:
Of operations

Of autopsy

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 J. F. Predeck (M. D. Predeck)
Address 7266 Manchester Date signed 5-6-46

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 H. Buchholz.

Licensed Embalmer No. 2110

P. O. Address. St. Louis Mo.

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.