S. No. 2
DM—5143
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22027

FILED JUN 26 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5358

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

20896

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: St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 1320 Allen Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME KATHERINE MIKESCH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Mikesch

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased June 16-1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Machacek 6
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosalie Machacek 1
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant William Mikesch
(b) Address 1320 Allen Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm C. Mogdell
(b) Address 1926 Allen Avenue

19. (a) JUN 17 1946 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1946 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 12, 1946, to June 15, 1946 that I last saw her alive on June 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr — Duration History 5 years

Due to arteriosclerosis Not known

Due to

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

93

Major findings:
Of operations none
Of autopsy none made

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert E. Warner (M. D. or other) M.D.
Address Paul Brown Bldg. St Louis Mo Date signed June 15 46

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.