

No. 2
12-15
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11283

Registration District No. **318** Primary Registration District No. **1003** State File No. _____ Registrar's No. **2814**

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:
1757 S. 18th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life 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. 1757 S. 18th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES FRANK MICA JR.
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 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 25-1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 20 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

MOTHER FATHER
11. Industry or business _____
12. Name Charles F. Mica Sr.
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Vestal
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Mica Sr.
(b) Address 1757 S. 18th Street

17. (a) Burial (b) Date thereof Mar. 18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter's Church

18. (a) Signature of funeral director Wm. J. Stoddell
(b) Address 1926 Allen Avenue

19. (a) MAR 17 1947 (b) J. F. Breasch
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15th
year 1947 hour 11 minute A.
I hereby certify that I attended the deceased from 9:30 P.M. Mar 14 1947 to 11:00 A.M. Mar 15, 1947
that I last saw him alive on Mar 15, 1947, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
respiratory failure
Due to Lobar pneumonia
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
108

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 [Signature] (Mr. D. or other) _____
Address 1800 N. Laffayette Date signed 3/15/47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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. L. 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.