FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

34479

State File No.

Registrar's No. 9475

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 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1005

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. 4110 Nebraska Ave. (If rural, give location) 9

15

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANK MICKA

3. (b) If veteran, name war

3. (c) Social Security No. 498-18-9898

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Catherine Micka

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February (Month) 15, (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	14	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Painter Retired 6 Years

11. Industry or business

FATHER

12. Name Valentine Micka

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER

14. Maiden name Katherine Porte

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Catherine Micka

(b) Address 4110 Nebraska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/48 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) NOV 1 1948 (Date received local registrar) (b) J B Fasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 48, 19 to Oct 29, 19 that I last saw him alive on Oct 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	6 wks
Due to: Arteriosclerotic heart	
Due to: Anemia Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature [signature] (M. D. or other)

Address 4065 So Broad Date signed 11/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.