S. No. 300
EV. 10.48

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

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33237

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8476

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri,
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 2159
d. STREET ADDRESS (If rural, give location) 4110 Nebraska Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First) Dolores
b. (Middle) M.
c. (Last) Micka,

4. DATE OF DEATH (Month) (Day) (Year) September 8, 1952.

5. SEX Female,
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single,
8. DATE OF BIRTH October 30, 1922
9. AGE (In years last birthday) 29 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Secretary
10b. KIND OF BUSINESS OR INDUSTRY St. Anthony Church,
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Micka,
13b. MOTHER'S MAIDEN NAME Catherine Esswein,
14. NAME OF HUSBAND OR WIFE ——————
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Catherine Micka, — **ADDRESS** 4110 Nebraska Ave.,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Granulomatous Intest. - Ileitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH: 3 years

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 571.1

22. *I hereby certify that I attended the deceased from* Sept 8, 1952, *to* Sept 8, 1952, *that I last saw the deceased alive on* Sept 7, 1952, *and that death occurred at* 4:05 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS 3201 S. Grand St. Louis Mo
23c. DATE SIGNED 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,
24b. DATE 9/11/52
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemtery,
24d. LOCATION (City, town, or county) St. Louis County, Missouri, (State)

DATE REC'D BY LOCAL REG. SEP 9 1952
REGISTRAR'S SIGNATURE [illegible] MD
(Licensed Embalmer's Statement on Reverse Side)

25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,
ADDRESS 2842 Meramec St., St. Louis, 18, Mo

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

working under my personal supervision.

Student Embalmer No.

Signed Joe D. Benz

Signed
Student Embalmer

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 with the above constitutes grounds for revocation of license.)

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