S. No. 300
v. 10.46

FILED DEC 2 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41025

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2907

**1. PLACE OF DEATH**
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HTS
c. LENGTH OF STAY (In this place): 3½ WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARY'S HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 2039
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
d. STREET ADDRESS (If rural, give location): 7016 SOUTHWEST AVE

**3. NAME OF DECEASED** (Type or Print)
a. (First): MICHAEL
b. (Middle): MIKLOSKY
c. (Last): JR

**4. DATE OF DEATH** (Month) (Day) (Year): NOV 11 1952

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: 10-28-1924
**9. AGE** (In years last birthday): 28 — IF UNDER 1 YEAR: Months 0, Days 12, Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): PIPE FITTER
**10b. KIND OF BUSINESS OR INDUSTRY**: STEEL Industry
**11. BIRTHPLACE** (City and State or Foreign Country): WAYMART PA
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: MICHAEL MIKLOSKY
**13b. MOTHER'S MAIDEN NAME**: ANNA UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: CAROLINE MIKLOSKY

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW 2
**16. SOCIAL SECURITY NO.**: 191-18-1567
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: CAROLINE MIKLOSKY, ABOVE

**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): Subarachnoid Hemorrhage of the Brain — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks & 3 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): —

DUE TO (c): 330X

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*: 0

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☒ 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?**: —

22. *I hereby certify that I attended the deceased from* Oct 18, 1952, *to* Nov 11, 1952, *that I last saw the deceased alive on* Nov 10, 1951, *and that death occurred at* 1 AM m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Vincent F Townsend MD
**23b. ADDRESS**: 3101 a Sutton Ave Maplewood 17 Mo
**23c. DATE SIGNED**: 11-12-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 11-13-1952
**24c. NAME OF CEMETERY OR CREMATORY**: JEFFERSON BARRACKS
**24d. LOCATION** (City, town, or county) (State): ST LOUIS CO., MO

**DATE REC'D BY LOCAL REG.**: 11-12-52
**REGISTRAR'S SIGNATURE**: Herbert R Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: JAY B SMITH, MAPLEWOOD, MO.

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed H C Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No. 410 25-52
Local Registrar's No. 2109

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 14th day of November, 1952, before me appears Caroline Miklosky, who, upon her oath, states that the original record of ~~birth~~ death for Michael Miklosky, Jr. ~~born~~ died Nov. 11th, 1952, in the State of Missouri, and which was filed at St. Louis, Mo. on Nov 12th, 1952 should be corrected as follows:

Item No. 24-c should read St. Matthews Cemetery

Instead of National Cemetery

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Caroline Miklosky Widow
Relationship.

7016 Southwest Ave.
St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 14th day of November, 1952.

My Commission expires Oct. 23, 1954

Ruth E. Evans Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
DM—4-43
I X36657