

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23038

State File No. _____
Registrar's No. **5489**

FILED JUN 20 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI COUNTY 2209	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN ST LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION 2612 N. MARKET		STREET ADDRESS (If rural, give location) 20 2612 N. Market	
3. NAME OF DECEASED (Type or Print) a. (First) MAY. V. b. (Middle) _____ c. (Last) MICKA		4. DATE OF DEATH (Month) (Day) (Year) 5 31 53	
5. SEX F M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-22-1891
9. AGE (In years last birthday) 61		10. UNDER 1 YEAR Days 5	11. UNDER 2 HRS. Hours Min. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Demerison, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME George Gower		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Joseph		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Joseph Micka ADDRESS 2612 N. Market	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis	
INTERVAL BETWEEN ONSET AND DEATH 1 Day 1 Year 1 Year		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from May 30, 1953 , to May 31, 1953 , that I last saw the deceased alive on May 31, 1953 , and that death occurred at 3:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Louis Bauer M.D.		23b. ADDRESS 2616 Gravois	
23c. DATE SIGNED 6/2/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-3-53		24c. NAME OF CEMETERY OR CREMATORY zion	
24d. LOCATION (City, town, or county) (State) St. Louis County MO		25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Funeral Home ADDRESS _____	
DATE REC'D BY LOCAL REG. JUN 2 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.	

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.....
Signature of Student Embalmer

Signed *Paul J. Farnes*.....
Licensed Embalmer No. *478*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.