URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 18 1960

-60-008612

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1328

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6230 Marquette
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Helen Middle: M. Last: Michniek

4. DATE OF DEATH: Month February Day 3 Year 1960

5. SEX: Fe Male

6. COLOR OR RACE: Caucasian

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 10/6/1887

9. AGE (last birthday): 72

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Bernard Knese

13b. MOTHER'S MAIDEN NAME: Ann Pranger

14. NAME OF HUSBAND OR WIFE: Hougo T. Michniok

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.: 492-07-8499

17. INFORMANT: Frank L. Michniok, Address St. Louis (26) 8936 Crestoak Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic heart disease	3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	with congestive heart failure and	1 mo
DUE TO (c)	occlusion of cerebral vessels	3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1959, to Feb 3, 1960 and last saw her/him alive on 3 Feb 1960

Death occurred at 8:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Luke A. Knese MD (Degree or title)

22b. ADDRESS: 1506 Hodiamont Ave

22c. DATE SIGNED: 4 Feb 1960

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2/6/1960

23c. NAME OF CEMETERY OR CREMATORY: Resurrection

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Hoffmeister Colonial Mortuary
ADDRESS: ~~6464 Chippewa St., St. Louis, Missouri~~
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.: FEB 5 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
MBB

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John L Denneh

Licensed Embalmer No. 4194

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.