

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31046

1. PLACE OF DEATH

County..... Registration District No. 5-011
Township..... Primary Registration District No. ROXNE
City St. Louis (No. City Hospital)

File No.....
Registered No. 8772
St. Ward)

2. FULL NAME Zolaya Mikely
(a) Residence, No. 4232 Easton St. Ward. 6
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1870
7. AGE YEARS 62 MONTHS 2 DAYS 14 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not known
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant County, Kentucky

13. NAME Bob Mikely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Co., Kentucky

15. MAIDEN NAME Betty Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Co., Kentucky

17. INFORMANT (ADDRESS) Hospital, City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 9-30 1932

19. UNDERTAKER (ADDRESS) Walter Richter, 3500 Rutger St

20. FILED OCT - 1 1932 Max C. Starckloff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16th 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept. 6th 1932 to Sept. 16th 1932
I last saw him alive on Sept. 16th 1932. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis Date of onset 131
131
93C
111B
151

Other contributory causes of importance:
Chr. mitral insufficiency
hypertension
infarct of rt. lung
Name of operation in hospital Date of none
What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice G. Meyer M. D.
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1912