

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29016

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8069

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL.")

(d) Street No..... 3219 Pennsylvania Ave
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

1009
12
16

3. (a) PRINT FULL NAME Mary Ellen Mikesch

3. (b) If veteran, name war..... No

3. (c) Social Security No..... No

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced..... Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Sept. 23 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 hr. min.

9. Birthplace..... St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... None

11. Industry or business.....

MOTHER FATHER

12. Name..... Albert C. Mikesch

13. Birthplace..... St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name..... Evelyn Lohrum

15. Birthplace..... St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Albert C. Mikesch

(b) Address..... 3219 Pennsylvania Ave.

17. (a) Burial (b) Date thereof..... Sept. 29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Old S. S. Peter & Paul

18. (a) Signature of funeral director..... Wm. E. Moydell

(b) Address..... 1926 Allen Ave.

19. (a) SEP 29 1942 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept. day..... 28th
year..... 1942 hour..... 4 minute..... 25 P.M.

21. I hereby certify that I attended the deceased from..... Sept. 28, 1942
to..... Sept. 28, 1942
that I last saw her..... alive on..... Sept. 28, 1942
and that death occurred on the date and hour stated above..... 1942

Immediate cause of death..... Prod. Pneumonia
Due to..... Prematurity 7 1/2 months
Duration..... 2 days

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature..... J. F. Brudek (M. D. or other)
Address..... 3253 Monticello St. St. Louis Date signed..... 9-29-42

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
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W.B. Moydell

Licensed Embalmer No. 1467

P.O. Address 1926 Allen

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.