

T. S. No. 2
M-9.4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29017**
Registrar's No. **8119**

FILED OCT 14 1942

Registration District No. **318**

Primary Registration District No. **1003**

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:
Home for the Aged, 3400 S Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

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. 3400 So. Grand Blvd.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Mikus,

3. (b) If veteran, name war.....

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

4. Sex Female, 5. Color or race White

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

6. (b) Name of husband or wife Adolph, 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased October 28 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	11	1	hr. min.

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

10. Usual occupation At Home,

11. Industry or business.....

MOTHER FATHER

12. Name Henry Fisher,

13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kittmeyer,

15. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Aman,
(b) Address Creve Coeur, Mo.,

17. (a) Burial, (b) Date thereof 10/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gibben-Bony Mortuary
(b) Address 2842 Meramec St.

19. (a) OCT 1 1942 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29
year 1942 hour 9: minute 00A. M.

21. I hereby certify that I attended the deceased from May 1 1942 to Sept 29 1942
that I last saw her alive on Sept 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
General
Due to Senile dementia

Other conditions (Include pregnancy within 3 months of death) 97

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

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..... (Specify type of place)
Means of injury.....

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 10/4

000
167
169

Duration
2 1/2
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Joe S. Benz
Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, Mo.

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.