

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28893**
7240
Registrar's No.

FILED AUG 27 1946
Registration District No. **318**

Primary Registration District No.

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2708 1/2 Missouri Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2708 1/2 Missouri Av.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Catherine Michalka
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 Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased About 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 18
year 1946 hour 2.30 minute..... P.M.
21. I hereby certify that I attended the deceased from 8-10-46, 19..... to 8-17-46, 19.....
that I last saw him alive on 8-17-46, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
Abt 71 hr. min.
9. Birthplace Slovakia
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business.....
12. Name Andrew Kapina
13. Birthplace Slovakia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Immediate cause of death CHRONIC-MYOCARDITIS
Due to CHRONIC-INTERSTITIAL NEPHRITIS
Due to.....
Other conditions (Include pregnancy within 3 months of death) 12/21/46
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Catherine Wasielewski
(b) Address 2708 1/2 Missouri Av.
17. (a) Burial (b) Date thereof 8/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wm. E. Mansell
(b) Address 1926 Allen Av.
19. (a) AUG 20 1946 (Date received local registrar)
J. F. Bredesok (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury.....
23. Signature J. F. Bredesok (M. D. or other)
Date signed 8-19-46

WRITE PLAINLY—USE 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 me

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

Signed Benny J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1226 Allen Ave

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.