

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42772

State File No.

318

1003

10668

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>23 - 2731a Lafayette Av</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frances</u>		b. (Middle) <u>Mary</u>		c. (Last) <u>Mikesch</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>11</u>		(Year) <u>1949</u>	
5. SEX <u>F male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 18 1917</u>	
9. AGE (in years last birthday) <u>32</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>New Orleans</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>				13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert W Mikesch</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Robert W Mikesch</u> ADDRESS <u>2731a Lafayette Av</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphoblastoma Hodgkins Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <u>St. Louis</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>201X</u>			
22. I hereby certify that I attended the deceased from <u>7-15</u> , 19 <u>47</u> , to <u>Dec 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>49</u> , and that death occurred at <u>3a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. C. Miller</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>2739 N. Grand</u>		23c. DATE SIGNED <u>12/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis Missouri</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>DEC 12 1949</u>		REGISTRAR'S SIGNATURE <u>J B Jacator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Myrdell Funeral Home</u> ADDRESS <u>1926 Allen Av</u>			

WRITE PLAINLY—USING UNFAADING 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Dale A. Stearns

Licensed Embalmer No. 4533

P. O. Address 1924 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.