

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

50051

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township St Louis Mo Primary Registration District No..... Registered No. 10022
 City St Louis Mo (No. 7220 Lindenwood Place St. Ward)

2. FULL NAME

Frank J. Mik

(a) Residence No..... St., 10 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frauces MEEK (Mik)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH 14th 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
55 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Meyer Bros Drug Co
 (b) General nature of industry, business, or establishment in which employed (or employer) Packer
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Joe MEEK (Mik)

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anne Hess

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT James Mik
 (Address) 7220 Lindenwood Pl

15. FILED DEC 23 1922 Max G Starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1922

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1922 to Dec 22, 1922 that I last saw him alive on Dec 21, 1922, and that death occurred, on the date stated above, at 1140 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitral insufficiency

92A
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Q
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Dr. Brown M. D.

Dec 22, 1922 (Address) 3500 Cambridge

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Petersburg DATE OF BURIAL Dec 24 1922

20. UNDERTAKER Wm J Robert ADDRESS 1905 S Grand Ave