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

Do not use this space.

6146

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1168

City St Louis (No. 2916, Cherokee st St. ..... Ward)

2. FULL NAME Henry Michel

(a) Residence. No. 2916 Cherokee St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12 / 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	1	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baker Business

(b) General nature of industry, business, or establishment in which employed (or employer) for himself

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Conrad Michel

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Melchoir Michel
(Address) 2916 Cherokee st

15. FILED FEB - 1 1932 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 - 1932.

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1931, 19....., to Feb 2, 1932, that I last saw him alive on Feb. 2, 1932, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myo - Carditis Acute

23K

23K

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis

..... (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH 23

DID AN OPERATION PRECEDE DEATH? ..... DATE OF (1)

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

2/3 (Signed) Otto J Schwer, M. D.

, 1932 (Address) 2105 So. Broadway

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Park Lawn	Feb 6 1932

20. UNDERTAKER	ADDRESS
Ziegenheim Bros	2623 Cherokee

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Otto J. Schwer