WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

21542

1. PLACE OF DEATH

County ..... Registration District No. 79 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6110

City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Caroline Michaus

(a) Residence, No. 8836 Hurskamp St., 6 Ward. St. Louis Co. Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1876

7. AGE: YEARS 55 MONTHS 8 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER

13. NAME William F. Sommers.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) William F. Michaus. 8836 Hurskamp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE July 1 1932

19. UNDERTAKER (ADDRESS) A Kron L & U Co 2717 N Grand Blvd

20. FILED JUN 30 1932 Max C. Harley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1932

22. I HEREBY CERTIFY That I attended deceased from June 10 1932, to June 30 1932
Last saw her alive on June 29 1932 Death is said to have occurred on the date stated above, at 12:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hyperthyroidism	1/10/29
66B	
66B	
92C	

Other contributory causes of importance: Chronic Myocarditis

Name of operation Thyroidectomy Date of 6/29/32
What test confirmed diagnosis? Metabolism Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Cleveland H Shutt M. D.
(Address) 305 Metropolitan Bldg City