

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

Do not use this space.

25003

File No. **6420**

Registered No. _____

1. PLACE OF DEATH

County _____ Registration District No. _____

Township _____ Primary Registration District No. **791**

City **St. Louis** (No. **3911**) **Parish**

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **3911** **Parish** St. _____ 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 **Female** 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 **Henry J. Michel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 8, 1859**

7. AGE YEARS **73** MONTHS **7** DAYS **14** If LESS than 1 day, _____ hrs. or _____ min.

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.**

13. NAME **Not Known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT **Henry J. Michel** (ADDRESS) **3911 Parish Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedberg** DATE **July 25, 1933**

19. UNDERTAKER **Math. Hermann & Son** (ADDRESS) **21 Cal. St. St. Louis**

20. FILED **J. Brebecke** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **7-5-33**, 1933 to **7-22-33**, 1933
I last saw him alive on **7-22-33**, 1933 Death is said to have occurred on the date stated above, at **2:50 P.M.**

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
151
82A
151
Other contributory causes of importance:
Chronic Nephritis

Name of operation **none** Date of _____
What test confirmed diagnosis **Chronic** 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?
If so, specify _____

(Signed) **Chas. B. Boy** M. D.
(Address) **259 West 11th St.**

REGISTRAR 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.

AUG 26 1933

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31

