

N. E. - Every item of information should be carefully supplied. Age - should be stated in years and months. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 19 1934

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

Do not use this space.

15244

791
1003

4478

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. St. Louis)

Registration District No.....
 Primary Registration District No.....

File No.....
 Registered No.....
 (St. Ward)

2. FULL NAME

Joseph Michaud (MICHAUD)

(a) Residence, No. 4063 Shenandoah 17 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 19 34

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

22. I HEREBY CERTIFY, That I attended deceased from 2-12-34 to 4-30-34. I last saw him alive on 4-30-34. Death is said to have occurred on the date stated above, at 10:15 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

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

7. AGE YEARS 71 MONTHS DAYS If LESS than 1 day, hrs. or min.

Carcinoma of neck left side.
Carcinomatosis

Date of onset 9/33

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Good

Other contributory causes of importance:

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) France Switzerland

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Marie Michaud (ADDRESS) 4063 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter Paul DATE May 3 1934

19. UNDERTAKER Geo J F... (ADDRESS) 1517 S...

20. FILED -2 1934 19 J. J. Beck Registrar

Name of operation Prosy Date of.....
 What test confirmed diagnosis Prosy Was there an autopsy? Yes

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) Sturman M. D.
 (Address) St Louis Mo

26
31
31

