APR 11 1936

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

Do not use this space.

12946

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3012

Township ..... Primary Registration District No. 1003 Registered No. .....

City ST LOUIS (No. 5892 HIGHLAND AVE St. ..... Ward)

2. FULL NAME FREDERICK MICHAELIS

(a) Residence, No. 5892 HIGHLAND St., 6 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 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 ADDIE VAIDE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 17, 1840

7. AGE YEARS 96 MONTHS 2 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

FATHER

13. NAME FRED MICHAELIS

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) GERTRUDE MICHAELIS 5892 HIGHLAND

18. BURIAL, CREMATION, OR REMOVAL PLACE ST PETERS DATE 3/20 36

19. UNDERTAKER (ADDRESS) BAUMANN BROS OVERLAND

20. FILED MAR 20 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1934, to Mar 17, 1936

I last saw him alive on 3-17, 1936 Death is said to have occurred on the date stated above, at 8:15 pm.

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

	Date of onset
Acute Myocarditis	3 wks
93C	
Other contributory causes of importance:	
Bronchitis Chronic	15 yrs
arteriosclerosis	"
Chr. Myocarditis	"

Name of operation none Date of .....

What test confirmed diagnosis? physical 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 none

(Signed) Geo H Klinkerfuss, M. D.

(Address) 7301a Natural Br.

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.