

AUG 16 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH / **791**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City St. Louis (No.)3911 Parnell Atr.

File No.

29084

Registered No.

78590

St.

Ward)

2. FULL NAME

(a) Residence, No.

(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.

Henry J. Michel3911 Parnell Street

St.

20

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLena Michel

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

May 19, 1854

7. AGE

YEARS

82

MONTHS

2

DAYS

5

IF LESS than 1

day,hrs.

ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.SeTailor9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Retired10. 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)GermanyMOTHER
FATHER

13. NAME

Not Known14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

15. MAIDEN NAME

Not Known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Albert J. Michel
3911 Parnell Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE

FriedensDATE July 27, 193619. UNDERTAKER
(ADDRESS)Math. Hermann & Son
2101 East Fair Avenue

20. FILE

JUL 24 1936JT Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

7/17, 1936 to7/24, 1936

I last saw h. l. m. alive on.....

7/19, 1936 Death is saidto have occurred on the date stated above, at 2:45 A. M.

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

Date of onset

Myocardial Degeneration

Other contributory causes of importance:

Chronic Hypertension

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

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) Joseph J. Trigg

M. D.

(Address) 435 Metropolitan Bldg.St. Louis, Mo.

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.

