SEP 15 1936

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

Do not use this space.

32628

File No.

Registered No. 8501

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. 4615 Lindell Blvd St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Albert Edward Carmichael

(a) Residence, No. 4615 Lindell President Apts. St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 45 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 Dorothy Sable Carmichael

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1875

7. AGE: Years 61 Months 5 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) May 15 1936

11. Total time (years) spent in this occupation 6 yrs

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

FATHER

13. NAME Andrew Carmichael

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Cork Ireland

MOTHER

15. MAIDEN NAME Isabelle Johnson

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

17. INFORMANT Dorothy Carmichael
(ADDRESS) 4615 Lindell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crem DATE Aug 17 36

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar Blvd

20. FILED AUG 15 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1936, to 8-14, 1936

I last saw him alive on 8-14, 1936. Death is said to have occurred on the date stated above, at 9:30 A.m.

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

	Date of onset
Acute Coronary occlusion	8-14-36
Chr. Coronary Disease	5-27-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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) [illegible], M. D.

(Address) Kistler Bldg

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.

8:30 To 12: #