JUL 8 - 1937

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

Do not use this space.

22552

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 6304

City ST. LOUIS (No. 3317 RUTGER ST. 2 St. ..... Ward)

2. FULL NAME JOHN H. McMICHAEL 1

(a) Residence, No. 3317 RUTGER ST. St., 18 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: MARY C. McMICHAEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ABOUT 1858

7. AGE: ABOUT YEARS 78 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: PLASTERER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: NOT EMPLOYED
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): PHILADELPHIA PENN.

FATHER

13. NAME: UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER

15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): #

17. INFORMANT (ADDRESS): WILLIAM McMICHAEL 3317 RUTGER ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEFONTAINE CEM. DATE JUNE 30, 1937

19. UNDERTAKER (ADDRESS): PEETZ BROS. 3029 LAFAYETTE AVE.

20. FILED JUN 28 1937 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUNE 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1932, to 6-27, 1937
I last saw him alive on 6-27, 1937 Death is said to have occurred on the date stated above, at 12.25 pm.
The principal cause of death and related causes of importance were as follows:

Myocarditis chronic — Date of onset

Other contributory causes of importance: Coronary dis

Name of operation: None Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

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: None
(Signed) Philip Schuck, M. D.
(Address) 1703 S Grand

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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