

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

453  
Do not use this space.

1. PLACE OF DEATH - **FEB 12 1938**  
 (a) County **St. Louis** Registration District No. **791**  
 (b) Township **St. Louis** Primary Registration District No. **1008** Registered No. **309**  
 (c) City **St. Louis** (d) Street No. **5034 Rosa** St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **William J. Michaels 2.4.2.**  
 (a) Residence, No. **5034 Rosa** St. **2**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Isabelle**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 8, 1844**  
 7. AGE YEARS **93** MONTHS **3** DAYS **0** If LESS than 1 day, .....hra. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. **Retired**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Blind for YEARS**  
 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) **Macomb Illinois**

FATHER 13. NAME **Harvey Michaels**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

MOTHER 15. MAIDEN NAME **Mary Holmes**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **not known**

17. INFORMANT **Georgia Harms**  
 (ADDRESS) **5034 Rosa**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Farmington, Ill.** DATE **Jan. 12, 38**

19. FUNERAL DIRECTOR **John L. Ziegenhein & Sons**  
 (ADDRESS) **7027 Gravois Ave.**

20. FILED **JAN 10 1938** 19 **J. L. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 8, 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **1-8-38** to **1-8-38**, 19**38**  
 I last saw him alive on **Jan. 8 4p**, 19**38** Death is said to have occurred on the date stated above, at **4p** m.  
 The principal cause of death and related causes of importance were as follows:

*Myocarditis, chronic  
Coronary Artery Disease*  
 Date of onset  
 Other contributory causes of importance:  
*Arterio sclerosis*

Name of operation **None** Date of  
 What test confirmed diagnosis? **Physic** 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. **Arterio sclerosis**, M. D.  
 (Signed) **J. L. Bredeck** (Address) **3958 S. Grand St.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Clarence P. Kidwell  
Licensed Embalmer No. 3877

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**