

Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1520a So. 7th St. (rear)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1520a So. 7th St. (rear)
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Laura Michel **340**

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Michel 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 13th 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Denver Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Louis Tepfer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Luck

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Michel

(b) Address 1520a So. 7th (rear)

17. (a) Burial (b) Date thereof 10-21-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) OCT 20 1939 (b) J. D. Beck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
year 1939 hour 8:45 minute _____ P.M. M.

21. I hereby certify that I attended the deceased from Sept. 20
1939 to Oct 17 1939
that I last saw her alive on Oct. 17 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____
Endocarditis
Critical regurgitation + stenosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature _____ (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature B. L. Berach (M. D. or other) _____
Address 2206 S. Compton Date signed Oct 20 39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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.

Dr. Bersche
2266 So. Compton 2-5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Edward M. Bernath*

Licensed Embalmer No. *3024*

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.