

13
1939 DEC 17 1939

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

9746

1. PLACE OF DEATH:

(a) County _____ 2
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3315 Texas Ave.
 (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)

3. (a) PRINT FULL NAME Gustave Michel. 2163. (b) If veteran,
name war _____3. (c) Social Security
No. 488-05-33914. Sex Male
5. Color or
race White6. (a) Single, widowed, married,
divorced Married.6. (b) Name of husband or wife _____
Martha Michel6. (c) Age of husband or wife if
alive 41 years7. Birth date of deceased August
(Month)2nd, 1888.
(Day) (Year)8. AGE: Years Months Days If less than one day
51 3 12
hr. min.9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Beer Bottler.11. Industry or business Anheuser Busch.12. Name Fred Michel. 013. Birthplace Unknown. Missouri.
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Missouri.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Martha Michel(b) Address 3315 Texas Ave.17. (a) Burial (b) Date thereof Nov. 17th, 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation National Cemetery.18. (a) Signature of funeral director Zigstein Bros.(b) Address 2623 Cherokee Street.19. (a) NOV 15 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis, 34
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3315 Texas Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

No attending physician
MEDICAL CERTIFICATION20. DATE OF DEATH: Month November day 14th.
year 1939. hour 7 minute 0 A.M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Aortic Stenosis with Duration
Concentric Cardiac Hypertrophy;
Contrib: Oedema of Brain; Chronic
Parenchymatous Nephritis.
Due to _____Due to _____
Other conditions _____
(Include pregnancy within 6 months of death)Major findings _____
Of operations _____

Of autopsy _____

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?

While at work _____ (Specify type of place)
Means of injury _____23. Signature Joseph M. Deane (M. D. or other)
Address Deputy Coroner Date signed _____

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

V E Morris

Licensed Embalmer No.

3360

P. O. Address

2623 Cherokee

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.