

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 9035  
Registrar's No. 2518

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Hospital, #1  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John Michel  
3. (b) If veteran, name war no  
3. (c) Social Security No. 489-18-0614

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bessie Michel  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Jan. 20, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 1 22 hr. min.

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

10. Usual occupation Bartender

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name John Michel  
18. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelia Schegel  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. John Rutsch  
(b) Address 5978 Ridge Ave.

17. (a) burial (b) Date thereof Mar. 18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Ann Cem.

18. (a) Signature of funeral director Jas. W. Clark  
(b) Address 1125 Hodiamont Ave.

19. (a) MAR 16 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County St. Louis  
(c) City or town Wellston 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5978 Ridge Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 14,  
year 1940 hour 1:25 minute \_\_\_\_\_ P. A. M.  
21. I hereby certify that I attended the deceased from February  
23, 19 40 to March 14, 19 40;  
that I last saw him alive on March 14, 19 40;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Paralysis of Head of  
Paralysis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Syphilis  
(Include pregnancy within 6 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Marshall W. Kelly (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 3/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
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.

REV. 5-17-39  
I 11981

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**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.....

*Geo. W. Clark*

Licensed Embalmer No. **I66I**

P. O. Address **1125 H. odiamont Ave.,**

**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.**