

S. No. 2
11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9369**
Registrar's No. **2852**

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3429 North 14th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)
 In this community 25 years

8. (a) PRINT FULL NAME OTTO J. MICHELS

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

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widowed

6. (b) Name of husband or wife Unknown **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased Nov. 16, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	10	hr. min.

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

10. Usual occupation Clerk Postal Department

11. Industry or business Majestic Range Company

MOTHER FATHER

12. Name Not Known **9**

13. Birthplace Not Known **9**
(City, town, or county) (State or foreign country)

14. Maiden name Not Known **4**

15. Birthplace Not Known **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lulu Fredericks,
(b) Address 3429 North 14th Street

17. (a) Burial **(b) Date thereof** 3/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) MAR 27 1940 **(b)** J. B. [Signature]
(Date received local registrar) (Registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **26**
(If outside city or town limits, write "RURAL")

(d) Street No. 3429 North 14th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1940 hour 1 minute 40 **A. M.**

21. I hereby certify that I attended the deceased from Mar 10 - 1939 to Mar 26 - 1940
 that I last saw him alive on Mar 25 - 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis
 Due to _____
Chronic arteriosclerosis
 Due to _____

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

PHYSICIAN

Major findings: none
 Of operations: none
 Of autopsy: none

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) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? _____ (Specify type of place) (e) Means of injury none

23. Signature J. B. [Signature] M.D. or other
 Address 2943 N Grand Date signed 3/26/40

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 *William G. Buchholz*

Licensed Embalmer No. *2110 J*

P. O. Address *St. Louis Mo*

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.