

REGISTRATION DISTRICT NO. **791**

PRIMARY REGISTRATION DISTRICT NO. **1003**

STATE FILE NO. _____

REGISTRAR'S NO. **3422**

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:
1290 Hodiament Ave. **2**
(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

8. (a) PRINT FULL NAME **Isabel Michael** **240**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 77 hr. min.

9. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER
12. Name: **Isaac Michael**
13. Birthplace: **Liepsig** **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name: **Anna Tobias**
15. Birthplace: **Liepsig** **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Monnie Michael**
(b) Address **1290 Hodiament Ave.**

17. (a) **Burial** (b) Date thereof **4-14-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Heiman Rudolph**
(b) Address **5216 Delmar Blvd.**

19. (a) **APR 15 1940** (b) _____
(Date received local registration) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **1290 Hodiament Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**
year **1940** hour **3:55** minute **12** P. M.

21. I hereby certify that I attended the deceased from **Jan 15 1940** to **April 12 1940**
that I last saw her alive on **April 8 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **4 day**
arteriosclerosis **2 y 4 m**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____
Of autopsy **none made**

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) **no**
(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 **Joseph David** _____
Address **Century 13 Bldg.** Date signed **4-13-40**

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

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

Charles W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *5216 Delma*

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.