

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

MAY 15 1940 791

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 3897

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: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Two days  
years, months or days

3. (a) PRINT FULL NAME Maudie M. Michener  
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 Widowed  
6. (b) Name of husband or wife M. M. Michener 6. (c) Age of husband or wife if alive Seventy years  
7. Birth date of deceased Nov 12, 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Salinas County, Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Joseph Rogers  
18. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Myrick  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Fortman  
(b) Address 2504 Grover Place

17. (a) Burial (b) Date thereof May 1st 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Chas. A. Bull  
(b) Address 4452 Washington Bl.

19. (a) APR 30 1940 (b) J. F. Bradish  
(Date of filing) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2504 Grover Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1940 hour 6:40 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 19, 1940, 19\_\_\_\_, to 4/29/40, 19\_\_\_\_;  
that I last saw her alive on 4/28/40, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia  
Well advanced

Due to Senility

Due to Chronic Myocarditis

Other conditions Chr. Nephritis  
(Include pregnancy within 3 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) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bradish (M.D. or other) \_\_\_\_\_  
Address 13021 N 50 Date signed 4/29/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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

*John Letter*

Licensed Embalmer No. 3880

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.**