

No. 2
1-10-39
17-39-1
X214921

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16899

JUN 15 1940
Registration District No. **791**

Primary Registration District No. _____

State File No. _____
Registrar's No. **4377**

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 12 Days
(Specify whether _____)

In this community _____ years, months or days
8. (a) PRINT Name Melchior
(b) FULL NAME Mike Michel 241

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Linda Michel 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Aug 25 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Baker

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Linda Michel

(b) Address 2126 Dolman St.

17. (a) Burial (b) Date thereof 5-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Witt Bro. L. M.

(b) Address 2929 S. Jefferson Av.

19. (a) MAY 16 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 23
(If outside city or town limit, write "RURAL")
(d) Street No. 2126 Dolman St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 63 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14, year 1940 hour 5:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 3, 1940, to May 14, 1940

that I last saw him alive on May 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Fibrosis of Myocardium Duration _____

Generalized Arteriosclerosis

Due to _____

Due to _____

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

Major findings: None
 Of operations

Of autopsy _____

PHYSICIAN _____

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 1

23. Signature V. Friedrichs (M. D. or other)
Address 1515 Lafayette Date signed 5/14/40

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

MOTHER FATHER

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 Edgar F. With

Licensed Embalmer No. 2147

P.O. Address 2929 Jefferson

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.