S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26134

FILED AUG 8 1941

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1520

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

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town OVERLAND (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8718 WINDOM / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 1 YEAR years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County St Louis 96

(c) City or town OVERLAND 13 (If outside city or town limits, write "RURAL")

(d) Street No. 8718 WINDOM / (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

**3. (a) PRINT FULL NAME** ADDIE B MICHAELIS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife FRED MICHAELIS

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

7. Birth date of deceased NOV (Month) 6 (Day) 1867 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 8 | 14 | ..... hr. ..... min. |

9. Birthplace GASCONADE Co (City, town, or county) O Mo (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

FATHER
12. Name JOHN J VAIDE
13. Birthplace HESSE (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LOUISE LAUBER
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant GERTRUDE MICHAELIS

(b) Address 8718 WINDOM

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cem

18. (a) Signature of funeral director Baumann Brothers Inc

(b) Address 750 E Woodson Rd Overland Mo

19. (a) JUL 22 1941 (Date received local registrar) (b) R Meyer MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 20 year 1941 hour 8:20 minute A M.

21. I hereby certify that I attended the deceased from 7/16/41 ....., 19..... to July 20 1941; that I last saw her alive on July 20 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chr. myocarditis stricture of oesophagus | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 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: no

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury .....

23. Signature C. L. Clark MD (M. D. or other)

Address 845 Mo. Theatre Bldg St. Louis Mo. Date signed 7/21/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Oscar L. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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, fact should be so stated above.**