

S. No. 2
4-1-4-41
y. 5-17-39
P-1 X26390

Registration District No. 1792791

Primary Registration District No. 1003

Registrar's No. 3204

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: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4038 Aldine Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME George Micheaux

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased March 21st, 1852
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
90	0	15		

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

10. Usual occupation Private Family-

11. Industry or business Retired

12. Name George Micheaux

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

14. Maiden name Mary Unavailable

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

16. (a) Informant Sylvester Micheaux

(b) Address 4038 Aldine Ave.

17. (a) Removal (b) Date thereof 4-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie DuRocher, Ill.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) APR 9 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.
year 1942 hour 9:30 minute a.s. M.

21. I hereby certify that I attended the deceased from April 1st, 1942 to April 7th, 1942
that I last saw him alive on April 7th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration ?

Due to H/O

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:

(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. Predeck (M. D. or other)

Address 824 1/2 N. Jefferson Ave Date signed 4/8/42

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

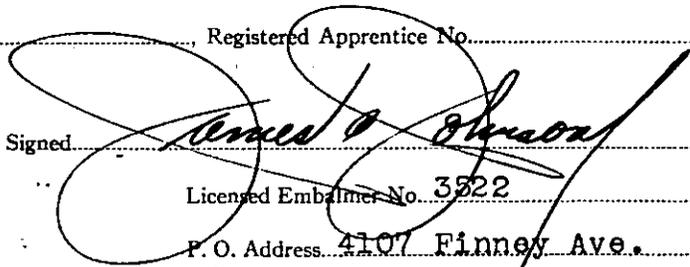
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.