

FILED DEC 11 1942
 Registration District No. **318**

Primary Registration District No. **1003**

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

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3410 Williams Pl.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Hättiel Michaelis**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
 6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **May 6 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Galveston Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Adolph Grosse**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Amelia Foener**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Michaelis**
 (b) Address **3410 Williams Pl.**

17. (a) **Burial** (b) Date thereof **12-4-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **on Cemetery**

18. (a) Signature of funeral director **[Signature]** While at work? _____
(Specify type of place)

(b) Address **1275 Glasgow Blvd** (c) Means of Injury _____

19. (a) **DEC 3 1942** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **1**, year **1942** hour **8:00** day **20 P** minute _____ M.

21. I hereby certify that I attended the deceased from **October 24, 1942** to **December 1, 1942**
 that I last saw her alive on **December 1, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Generalized arteriosclerosis, Diabetes mellitus, Leg amputations**
 Due to _____
 Due to _____
 Other conditions: **[Signature]**
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy **B. fused.**

Duration _____
 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?

23. Signature **[Signature]** (M. D. or other) _____
 Address **1515 Lafayette** Date signed **12/2/42**

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.....

E. W. Wilkins

Licensed Embalmer No.....

3575

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, fact should be so stated above.