

X32873

REGISTRATION DISTRICT NO. 193

Primary Registration District No. 200

Registrar's No. 265

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. Kerth Rd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gottlob Michler

3. (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 Lena Michler

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 29 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	4	2	_____ hr. _____ min.

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

10. Usual occupation Laundry Superintendent

11. Industry or business St. Louis' County Hospital

MOTHER FATHER {

12. Name Anton Michler

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

14. Maiden name Sophie Freig

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

16. (a) Informant Lena Michler

(b) Address R.R. 8 Linnay mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

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

(b) Address 6409 E. ...

19. (a) 1943 (Date received local registration) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1943 hour 3 minute 55 p.m.

21. I hereby certify that I attended the deceased from 1-28-43
19... to 1-31-43 19...
that I last saw h. im alive on 1-31-43 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Due to Arteriosclerotic Heart Disease
Due to _____
Other conditions 93
(Include pregnancy within 3 months of death)

Duration

7 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other)
Address Co. ... Date signed _____

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

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

Jessie A. Zimmerman

Licensed Embalmer No. *2270*

P. O. Address *6409 Meowis*

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.