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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11481

State File No. 0

FILED APR 15 1943

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 555

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St Mary Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 40 Years In St Louis
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis. 0
(If outside city or town limits, write "RURAL")

(d) Street 924 LaSalle St.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME JENNIE MICHAELS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Joseph Michaels

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

7. Birth date of deceased July 4. 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	3	1	hr. min.

9. Birthplace Syria 8
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Joseph Francis
13. Birthplace Syria 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Syria 8
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Faheen

(b) Address 924 LaSalle St.

17. (a) Burial (b) Date thereof Mar 8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter & Paul

18. (a) Signature of funeral director Thos Lutes & Son

(b) Address 2906 Gravois Ave.

19. (a) MAR 8 1943 (b) E. T. McTernan MD
(Date received local registrar) (Registrar's signature) EB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1943 hour 4 00 P.M. minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Result of falling down basement steps in own home.

Due to Depressed skull fracture; Subdural & subarachnoid hemorrhage; Frac. right clavicle;

Due to Fatty infiltration of liver;

Other conditions Hemangioma of liver;
(Include pregnancy within 3 months of death)

Congestion of lungs; Laceration of scalp.

Major findings:
Of operations

Of autopsy Yes. 1 Sbo

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) Accident. 000

(b) Date of occurrence March 4, 1943

(c) Where did injury occur? 924 LaSalle, St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home
(Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Bopp Coroner (M. D. or other)

Address Kirkwood, Mo. 3-5-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

10

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Geario

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.