

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED DEC 5 1944
Registration District No. **818**

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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 0
years, months or days)

3. (a) PRINT FULL NAME Daniel Michel

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Meta Michel

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 28 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	5	27	hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Friederich C. Michel

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

14. Maiden name Katherine Heeger

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

16. (a) Informant F.D. Michel

(b) Address 2032 Bellevue

17. (a) Burial **(b) Date thereof** 11-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeffriesburg, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 28 1944 **(b) J. F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
 year 1944 hour 5:52 minute A. M.

21. I hereby certify that I attended the deceased from 11-22-44 to 11-25-44
 that I last saw him alive on 11-25-44
 and that death occurred on the date and hour stated above.

Immediate cause of death
Terminal tubercle
pneumonia
totalis. generalized
Myelitis cord.

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:

(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 R. K. Anderson **(M. D. or other)** 11-27

Address 4832 Maryland **Date signed** 4v

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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

Albert H. Happe

Licensed Embalmer No.....

2861

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.