S. No. 2
M—2-43
. 5-17-39
I X35697

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

FILED SEP 2d 1945

State File No. 29246

Registration District No. 310 — Primary Registration District No. 1003 — Registrar's No. 8041

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: 4318 De Tonty St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4318 De Tonty St. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ollie T. Michael

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Female/

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William P. Michael

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

7. Birth date of deceased January (Month) 6 (Day) 1861 (Year)

8. AGE: Years 84 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Salem (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sterling Davis
13. Birthplace Salem (City, town, or county) Arkansas (State or foreign country)

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

16. (a) Informant Mrs. B. Michael
(b) Address 4318 De Tonty St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 14 1945 (Date received local registrar) (b) J. Bechel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1945 hour 7:30 minute PM.

21. I hereby certify that I attended the deceased from 10/16, 1943 to 9/13, 1945 that I last saw h. ed alive on 9/13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration
c hypostatic pneumonitis — 2 wks
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Walter H. Hoffer M.D. (M. D. or other)
Address 2602 S. Grand Date signed 9/14/45

644

(Licensed Embalmer's Statement on Reverse Side)

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 G. Hoppe

Licensed Embalmer No. 2971

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.