

FILED JAN 11 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

11422

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

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:  
3138 Michigan  
(If not in hospital or institution, write street number of location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_ 65 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma Michel

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 Widowed  
 6. (b) Name of husband or wife Mr. Frank Michel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 23, 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mr. Louis Reeg  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Blass  
 15. Birthplace Collinsville, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Myrtle Michel  
 (b) Address 3138 Michigan

17. (a) Burial (b) Date thereof 12/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Beiderwieden F. H., Inc  
 (b) Address 1936 St. Louis Avenue

19. (a) DEC 27 1945 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3138 Michigan  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24  
 year 1945 hour 1: minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 12, 1945, to Dec 24, 1945;  
 that I last saw him alive on Dec 23, 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
 Due to Chronic Interstitial Nephritis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 9da  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings: 131  
 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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature A. L. Curtis (M. D. or other) \_\_\_\_\_  
 Address 3606 Garois Date signed 12/24/45

Dr. A. L. Hertel

3606 Gravois

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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.....

*Jelid J. Krupin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 St. Louis*

**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.**