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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **670**
Registrar's No. **731**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: Deaconess Hospital.
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME ATHOL JOHN MICHENER.
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hattie Michener, Dec'd., 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 12, 1863.
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
82 3 9 hr. _____ min.

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

10. Usual occupation Former Postmaster of

11. Industry or business St. Louis, Missouri.

MOTHER FATHER

12. Name Thomas Michener.

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

14. Maiden name Unknown.

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

16. (a) Informant Athol F. Michener,

(b) Address 7274 Maryland, Ave.,

17. (a) Burial. (b) Date thereof 1-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Bly'd.,

19. (a) JAN 23 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis, 96
(c) City or town University City, 3
(If outside city or town limits, write "RURAL") NR 5
(d) Street No. 7274 Maryland Ave, 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1946 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from December 22nd
1945, to January 20, 19 46
that I last saw him alive on January 20, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Endoarteritis, Gangreen Right Foot Duration 12/22-45

Due to General Arteriosclerotic Cardiac Disease Indefinit

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Edwin J. Schisler (M.D. or other)
Address 945 Missouri Bldg. F.A.C.P. 2/21/46
Date signed

Dr. Edwin Schisler.
Mrs. Heister Berg
Rt. 0100.
1:30 to 5 P.M.

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo

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.