

S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X38671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11437

FILED MAR 18 1946  
 318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 2186

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... 36 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County ood  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... 5625 Pershing  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Jesse Michaels (Machles)  
 3. (b) If veteran, name war..... No  
 3. (c) Social Security No..... NO

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 5th  
 year 1946 hour one minute P.M.  
 21. I hereby certify that I attended the deceased from Feb 22  
1946 to March 5 1946  
 that I last saw him alive on March 5 1946  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife..... Augusta Michaels  
 alive..... years  
 7. Birth date of deceased June 10 1877  
(Month) (Day) (Year)

Immediate cause of death..... Carcinoma of Stomach  
 Duration 8 mo  
 Due to.....  
 Due to..... H6  
 Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
68 8 25 hr. min.

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....

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

10. Usual occupation Broker

11. Industry or business Furs

12. Name Ephraim Machles

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

14. Maiden name (unknown)

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

16. (a) Informant Miss Leola Michaels

(b) Address 5625 Pershing Ave

17. (a) burial (b) Date thereof 3/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial  
 (b) Address 4715 McPherson

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) (e) Means of injury.....  
 23. Signature Hervey M. Meyer M. D. or other M.D.  
 Address 508 N. Grand Date signed 3/5/46

19. (a) MAR 6 (b) 1946 J. F. Braden  
(Date received from Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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

*Quirio A. Juding*  
.....  
Licensed Embalmer No. 4229

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.**