

S. No. 2
M-2-43
7-5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24924

State File No. 2

Registrar's No. 1573

FILED JUL 30 1948

Registration District No. 577

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether
In this community Life
years, months or days)

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. 8101 So Broadway
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Elizabeth Michael

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis D Michael 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased August 26 1918
(Month) (Day) (Year)

8. AGE: Years 27 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Plattin Mo., Jefferson Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William R Doss

13. Birthplace Potosi Mo Washington Co.
(City, town, or county) (State or foreign country)

14. Maiden name Laura Vineyard

15. Birthplace Plattin Missouri, Jefferson Co
(City, town, or county) (State or foreign country)

16. (a) Informant Louis D Michael

(b) Address 8101 So Broadway, St. Louis, Mo.

17. (a) Burial (b) Date thereof July 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) 7-29-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1946 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from 7-28-45, 1945, to 7-26-46, 1946;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chor. Pulver Tub To Adv Duration 23 min.

Due to 13hr

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 607 N. Grand Date signed 7-26-46

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

Dr Andrew C Henske

Dec 6 1914

1-3 PM

Room 317

M. Clark Roddy.

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 Andrew C. Henske

Licensed Embalmer No. 3871

P. O. Address. 7814 S. Broadway

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.