

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
X 36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25527

State File No.

Registrar's No.

6078

Registration District No. 22 1946  
318

Primary Registration District No. 1003

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:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 7274 Maryland Ave. NR 2  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amelia Louise Michener

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1946 hour 4 minute 58 A.M.

21. I hereby certify that I attended the deceased from June 22  
1946 to July 8, 1946  
that I last saw her alive on July 8, 1946  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Athol F. Michener 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. 14 1890  
(Month) (Day) (Year)

Immediate cause of death Small Intestinal obstruction Duration \_\_\_\_\_

Due to Teratomas of Ovary + Broad Ligaments

Due to Malignant

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: above PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

56	4	24	hr. min.
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9. Birthplace Wellsville Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Geo. F. Flieman

13. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Habenecht

15. Birthplace Mo. 1  
(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 7-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUL 10 1946 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

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 G. H. Keane (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 7/9/46

(Licensed Embalmer's Statement on Reverse Side)

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

10  
17  
9

24377

2 to 4:30

**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..... *Warren A. Carver* .....

..... Licensed Embalmer No. *3534* .....

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.**