

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

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

State File No. **28894**
Registrar's No. **6816**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mos; 22 days**
In this community **50 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Greene**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4660a Evans**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Joseph Micheaux**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **31** year **1946** hour **11** minute **05** P.M.
21. I hereby certify that I attended the deceased from **May 9, 1946** to **July 31, 1946**
that I last saw h. **in** alive on **July 31, 1946**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Colored**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mattie Micheaux**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **May 11, 1870**
(Month) (Day) (Year)

Immediate cause of death **South Intestinal Obstruction (Gangrenous)**
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) **122B**
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years **76** Months **2** Days **20**
If less than one day hr. min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Sparta, Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Custodian**

11. Industry or business
12. Name **Louis Micheaux**
13. Birthplace **Unknown**
14. Maiden name **Sophie Dodge**
15. Birthplace **Parie De Rouge, Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph F. Micheaux, Jr.**
(b) Address **7904 Fountain Ave**
17. (a) **Removal** (b) Date thereof **Aug. 5, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **E. St. Louis, Sparta, Ill.**

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 **0**

18. (a) Signature of funeral director **C. J. Nash**
(b) Address **111 N. 13th St**
19. (a) **AUG 4 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

23. Signature **M. J. Erwin** (M. D. or other)
Address **2601 N Whittier St** Date signed **8-2-46**

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

277752

AUG 1 1951

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.....

C. J. Nosh

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

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.