

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 17 1947

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7308**  
Registrar's No. **303-**

Registration District No. **317**

Primary Registration District No. **3070**

1. PLACE OF DEATH:  
(a) County **ST. LOUIS**  
(b) City or town **WEBSTER GROVES**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**686 OAKWOOD AVE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 MRS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **ST. LOUIS**  
(c) City or town **WEBSTER GROVES**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **686 OAKWOOD AVE**  
(If rural, give location)  
(e) Citizen of foreign country? **—** (Yes or No)  
If yes, name country **—**

3. (a) PRINT FULL NAME **ALICE HANCOCK MICHENER**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **FEB** day **9** ch  
year **1947** hour **11** minute **30 P. M.**  
21. I hereby certify that I attended the deceased from **Dec 1946** to **Feb 4th 1947**  
that I last saw her alive on **Feb - 8** 19**47**  
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 **WALTER L MICHENER**  
6. (c) Age of husband or wife if alive **26** years  
7. Birth date of deceased **JAN 26 1873**  
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of liver**  
Duration

8. AGE: Years **74** Months **—** Days **14**  
If less than one day hr. min.

Due to **46 f**  
Due to

9. Birthplace **UNKNOWN PENN.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **AT HOME**

Other conditions (Include pregnancy within 3 months of death)  
PHYSICIAN

11. Industry or business  
12. Name **HENRY HANCOCK**  
13. Birthplace **UNKNOWN PENN.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY E. BASSETT**  
15. Birthplace **SALEM NEW JERSEY**  
(City, town, or county) (State or foreign country)

Major findings: Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Walter Michener**  
(b) Address **686 OAKWOOD WEBSTER GROVES**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) **CREMATION** (b) Date thereof **TUES. FEB. 11-1947**  
(Basic cremation, in-urnment) (Month) (Day) (Year)  
(c) Place: burial or cremation **VAL HALLA CREMATORY**

(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?  
(Specify type of place)

18. (a) Signature of funeral director **Parker and Co**  
(b) Address **WEBSTER GROVES MO.**  
19. (a) **2-11-47** (b) **Edith J. Allen**  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature **W. J. ... Smith** (M. D. or other) **M.D.**  
Address **Webster Groves** Date signed **2-11-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Watkins Grove, N.Y.*

**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.**