

S. No. 2  
DM-5-43  
v. 5-17-39  
P. 1 X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22854  
Registrar's No. 1443

FILED JUL 15 1947  
Registration District No. 3068

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
7245 Rule Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
Life

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Ferdinand William Michel

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-18-2984

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Angeline Palmer Michel

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased January 9 1862  
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 24

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business Holekamp Lbr. Co.

MOTHER FATHER { 12. Name William Michel

{ 13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ann Linford

{ 15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Angeline Michel

(b) Address 7245 Rule Ave. Maplewood Mo.

17. (a) Burial (b) Date thereof July 5 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery  
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 6464 Chippewa St.

19. (a) 7-5-47 (b) Gene A. Sharpe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 7245 Rule Ave. 3  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1947 hour 2 minute 12 AM.

21. I hereby certify that I attended the deceased from 6-28  
1947 to 7-3-47, 1947

that I last saw him alive on 7-1-47, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 4 days

Due to Senility

Due to 107

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

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature W. S. P. Smith (M. D. or other) \_\_\_\_\_  
Address 6006 Va. Ave Date signed 7-3-47

MAN 22 1948

Dr. D. S. Pruett  
6006 Virginia Ave.

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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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broad*

**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.