No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29319
Registrar's No. 7812

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

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

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: Deaconess Hosp. O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2810a S. Jefferson A. 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna P. Michel

3. (b) If veteran, name war no

3. (c) Social Security No. 489-03-6926

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar. (Month) 25 (Day) 1874 (Year)

8. AGE: Years 73 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

FATHER
12. Name Carl Michel 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Engler 4
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Gustav Michel
(b) Address 3300 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem

18. (a) Signature of funeral director Witt Bros. L & N
(b) Address 2929 S. Jefferson A.

19. (a) AUG 19 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1947 hour 7 minute 20 A M.

21. I hereby certify that I attended the deceased from Aug 1, 1947 to Aug 16, 1947
that I last saw her alive on Aug 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to

Due to

Other conditions Metastasis to peritoneum
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. F. Bergman (M. D. or other) MD

Address 3720 Washington Date signed 8/16/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 324

P. O. Address 2929 Jefferson

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.