S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36070 9834

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 St. Johns 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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Bland
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roger Elmer Michel
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
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 September (Month) 22 (Day) 1947 (Year)

8. AGE: Years 0 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business

MOTHER FATHER
12. Name Elmer Michel
13. Birthplace Bland (City, town, or county) Missouri (State or foreign country)
14. Maiden name Evelyn Scheel
15. Birthplace Bland (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Elmer Michel
(b) Address Bland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bland, Mo.
18. (a) Signature of funeral director Alberts H. Hopper
(b) Address 4700 Washington Blvd.
19. (a) OCT 23 1947 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 14, 1947, to Oct. 23, 1947, that I last saw him alive on Oct. 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Terminal — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Distended bladder, prostatic intertrunk & left of umbilicus
Of autopsy

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 (M. D. or other)
Address 6344 Bland Ave. Date signed 10-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.