No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37161

State File No.

FILED DEC 15 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1433

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hospital No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 yrs. 5 mos. 21 days (Specify whether years, months or days)

In this community 45 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. State Hospital #2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANTHONY MICHEL

3. (b) If veteran, name war no

3. (c) Social Security No. no

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 ? (Month) ? (Day) 1880 (Year)

8. AGE: Years 67 Months ? Days ? If less than one day hr. min.

9. Birthplace Grossbertchering (City, town, or county) Austria (State or foreign country)

10. Usual occupation Cabinet maker

11. Industry or business Furniture

FATHER
12. Name George Michel
13. Birthplace unknown (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Anna ?
15. Birthplace unknown (City, town, or county) Austria (State or foreign country)

16. (a) Informant Anthony Wiemanbu

(b) Address St. Joseph Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director Victor Barry

(b) Address 224 S. 10

19. (a) 12-9-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 11 day 21 year 1947 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from 8-23-, 1947 to 11-20-, 1947 that I last saw him alive on 11-20-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93B

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Forrest Thomas (M. D.)

Address State Hospital No. 2 St. Joseph, Mo. Date signed 11-21-47

(Licensed Embalmer's Statement on Reverse Side)

W. Morrowey O.D.

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph mo

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.