S. No. 2
M—1/47
y. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2853

FILED JAN 30 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 512

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: 3512 Tennessee (If not in hospital or institution, write street number or location)

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

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3512 Tennessee 9 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lorraine Michel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herbert G. Michel

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 7th (Month) 1896 (Day) (Year)

8. AGE: Years 51 Months 11 Days 10 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Frank Rieth 0
13. Birthplace St, Louis Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Guenther
15. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert G. Michel
(b) Address 3512 Tennessee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Wingbermuehle
(b) Address 3819 S Grand Blvd.

19. (a) JAN 19 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day 17th year 1948 hour ~~About 8~~ 9:30 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging when she was found hanging from the basement rafter with a rope around her neck on Jan. 17 1947 about 9:15 P.M.

Due to Suicide-While suffering from temporary mental aberration

Other conditions (Include pregnancy within 7 months of death)

Major findings:
Of operations
Of autopsy Not

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) Suicide

(b) Date of occurrence Jan 17 1948

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? (e) Means of injury as above

23. Signature [signature] (M. D. or other) 3

Address [signature] Date signed 1/19/48

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. 4053

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.