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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6770

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 6770

Registrar's No. 2162

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Albert Michaelis

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 488-05-1068

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Dec 9 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Trimmer

11. Industry or business Gen Motors Corp

12. Name Charles Michaelis

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Nattie Gross

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Martha Michaelis
(b) Address 1521 Agnes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 4 48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edward Kocht & Son

(b) Address 2716 N. 14th

19. (a) MAR 2 1948 (Date received local registrar) (b) J. P. Pudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 050
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1521 Agnes St. ?
(If rural, give location) 26
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1948 hour 9 minute 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 Acute coronary thrombosis Duration 1-2 days

Due to Coronary Sclerosis

Due to Pulmonary infarction 1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 9/4

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Edward Hassie M.D. (M. D. or other)
Address 607 N. grand ave Date signed 3/1/48

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

MOTHER FATHER

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.....

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.