

S. No. 2
DM-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10480-3013
Registrar's No.

Registration District No. 318

Primary Registration District No.

00
17
9

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: 1381a Semple Ave.
(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 Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1381a Semple Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... MAE MICHAEL
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27th
year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 12 1948 to March 27 1948
that I last saw her alive on March 27 1948
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife..... Samuel S. Michael
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 10, 1871
(Month) (Day) (Year)

Immediate cause of death..... Cerebral Haemorrhage
arteriosclerosis
Rheumatism
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
76 9 17 ..hr. ..min.

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

10. Usual occupation..... Housewife

11. Industry or business.....
12. Name..... Unknown
13. Birthplace..... Unknown
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Samuel S. Michael
(b) Address..... 1381a Semple Ave.
17. (a) burial (b) Date thereof 3/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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)
(e) Means of injury.....

18. (a) Signature of funeral director..... Drehmann-Harral
(b) Address..... 1905 Union Blvd.
19. (a) MAR 29 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature..... Claude H. Allen (M. D. or other)
Address 5328 Page Blvd 9th floor Date signed 3/27 48

Duration
30 da
10 yr
15 yr
PHYSICIAN
Underline the cause of which death should be charged statistically.

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.....

Warren A. Carver

Licensed Embalmer No. 3534

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.