

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21439

State File No.

5958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) St. Louisd. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital

d. STREET ADDRESS (If rural, give location)

2937 Milton Blvd.

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Herman H. Michael

4. DATE OF DEATH (Month) (Day) (Year)

July 6, 1949

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 28, 1875

9. AGE (In years last birthday)

73

IF UNDER 1 YEAR (Months) Days

IF UNDER 2 HRS. (Hours) Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Baker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

9

12. CITIZEN OF WHAT COUNTRY?

Germany

13a. FATHER'S NAME

Frederick Michael

13b. MOTHER'S MAIDEN NAME

Anna Mueller

14. NAME OF HUSBAND OR WIFE

Cora Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Cora Michael 2937 Milton Blvd.

ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Ca of prostate c met

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY)

51 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

177X

22. I hereby certify that I attended the deceased from 6/10/49 1949, to 7/6/49 1949, that I last saw the deceased alive on 7/6/49 1949, and that death occurred at 2:00am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

V. H. Peden

23b. ADDRESS

1515 Lafayette Ave.,

23c. DATE SIGNED

7/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

7/8/49

24c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery St. Louis, Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

Jul 7 1949

REGISTRAR'S SIGNATURE

J. B. Kasater

25. FUNERAL DIRECTOR'S SIGNATURE

Paschedag-Henke 2825 N. Grand Blvd.

ADDRESS

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eaton M. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.