

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6966

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **577**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gravois Twp. CLAYTON D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. County Hospital		d. STREET ADDRESS (If rural, give location) 7253 Sarah	

3. NAME OF DECEASED (Type or Print) a. (First) Oris b. (Middle) Michaelson c. (Last) Michaelson			4. DATE OF DEATH (Month) (Day) (Year) 3 5 50			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH UNKNOWN	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY FACTORY		11. BIRTHPLACE (State or foreign country) Rushville, Nebr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Oscar L. Michaelson	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. 11	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME O.L. Michaelson	ADDRESS Rushville, Neb.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carbon monoxide poisoning from Butane gas heater		INTERVAL BETWEEN ONSET AND DEATH 8906 15
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 400 890x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tourist cabin	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 5 50 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Body found in cabin

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 3/6/50
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-6-50	24c. NAME OF CEMETERY OR CREMATORY Rushville, Neb.
24d. LOCATION (City, town, or county) (State) RUSHVILLE, NEBRASKA		

DATE REC'D BY LOCAL REG. MAR 6 1950	REGISTRAR'S SIGNATURE Herbert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE John L. Ziegenhein & Sons	ADDRESS 7027 GRAVOIS
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(Licensed Embalmer's Statement on Reverse Side)

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

1002
3

MAR 31 1950

APR 25 1950

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 W. A. Petersen

Licensed Embalmer No. 5395

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.