

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
FILED JUN 29 1950 STANDARD CERTIFICATE OF DEATH

State File No. **21816**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5349	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				d. STREET ADDRESS (If rural, give location) 3452a Osage			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) J.		c. (Last) Mickl		4. DATE OF DEATH (Month) (Day) (Year) 6-17-50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-14-71		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired tuck pointer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Vienna, Austria		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Franz Mickl		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Betty Klinge Mickl			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BETTY MICKL 3452a OSAGE ST.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) An Involuntarily cardiac, carcinoma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of parotid gland DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Renal insufficiency Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION June 14, 1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma of parotid gland - invasion of surrounding				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (STATE) St. Louis, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21d. TIME OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 142.1			
22. I hereby certify that I attended the deceased from 5-27-50 , 19____, to 6-17-50 , 19____, that I last saw the deceased alive on 6-17-50 , 19____, and that death occurred at 8:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE D. E. Basso, M.D. (Degree or title)				23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.		23c. DATE SIGNED 6-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-21-50		24c. NAME OF CEMETERY OR CREMATORY CONCORDIA CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REG. JUN 19 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GERKEN-BENZ MORTUARY 2542 MERAMEC ST. LOUIS 18 MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Joe B. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Miramoa

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.