

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22381**
6051

FILED JUL 9 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. Hosp.		d. STREET ADDRESS (If rural, give location) 24 3251 OREGON	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) - c. (Last) MICHEL			4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 26 1894
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI U
10b. KIND OF BUSINESS OR INDUSTRY GREYSIDECK BREWERY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME FRED MICHEL		13b. MOTHER'S MAIDEN NAME LOUISE STEHLIN	
14. NAME OF HUSBAND OR WIFE APOLLONIA MICHEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME APOLLONIA MICHEL	
17. ADDRESS 3251 OREGON		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 10 days	
ANTECEDENT CAUSES DUE TO (b) Cerebral thrombosis		6 wks	
DUE TO (c) Arteriosclerosis		5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis, Dementia following previous stroke 8 years.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 332X		22. I hereby certify that I attended the deceased from Nov 4, 1949 , to June 25, 1952 , that I last saw the deceased alive on June 23, 1952 , and that death occurred at 7 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE Lewes L. Hermann MD		23b. ADDRESS 8231 Clayton Rd (17)	
23c. DATE SIGNED 6/26/52		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE JUNE 28 1952		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	
25. ADDRESS 2906 Gravois		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 27 1952	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leo J. Buhde

Licensed Embalmer No. 3989

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.