

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12015

FILED MAR 24 1953

State File No. ....

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2373

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>2 mos.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1919 SO. GRAND BLVD.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>EMIL</b> c. (Last) <b>MICHAEL.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 1, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>	8. DATE OF BIRTH <b>Sept 23, 1882.</b>
9. AGE (In years last birthday) <b>70.</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mngr. John Morrell &amp; Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Germany..</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Germany..</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Dietrich Michael.</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Mueller.</b>	
14. NAME OF HUSBAND OR WIFE <b>Lucille Pabst Michael.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>503-03-5178</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Sam V. Ward.</b>		ADDRESS <b>1526 Claytonia Terr..</b>	
MEDICAL CERTIFICATION			
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) <b>Coronary of Heart</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
		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. <b>Arteriosclerosis metastatic</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Ca of stomach &amp; Liver Metastasis</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>151X</b>			
22. I hereby certify that I attended the deceased from <b>July</b> , 19 <b>52</b> , to <b>March 1</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>March 1</b> , 19 <b>53</b> , and that death occurred at <b>7:05 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Arnold K. Plim</b> <b>Barth H. Plim</b>		23b. ADDRESS <b>2632 St. Kings Highway</b>	
23c. DATE SIGNED <b>3-2-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>3/4/53.</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 2 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>		ADDRESS <b>7233 Delmar Blvd;</b>	

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.