

FILED MAR 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 787

1. PLACE OF DEATH  
a. COUNTY St. Louis

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) Overland

c. CITY (If outside corporate limits, write RURAL and give township) St. Louis  
OR TOWN 2219

d. FULL NAME OF HOSPITAL OR INSTITUTION Overland Restorium, 10460 Thorpe Ave.

d. STREET ADDRESS (If rural, give location) 3127 Locust Street

3. NAME OF DECEASED  
a. (First) Julia b. (Middle) \_\_\_\_\_ c. (Last) McMichael

4. DATE OF DEATH (Month) (Day) (Year)  
Mar. 11, 1953

5. SEX F.

6. COLOR OR RACE W.

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

8. DATE OF BIRTH Jan. 6, 1868

9. AGE (In years last birthday) 85  
# UNDER 1 YEAR 2 Months 5 Days  
# UNDER 1 HRS. 0 Hours 0 Mins.

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

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John McMichael

13b. MOTHER'S MARDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE None

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. not known

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clifton McMichael, 5406 Delmar Blvd.

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.

MEDICAL CERTIFICATION  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Edeema of brain, cause undetermined  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
2. OTHER SIGNIFICANT CONDITIONS Depression, 4-5 years

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION 334x

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) (STATE) \_\_\_\_\_

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

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

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Mar 19 46, to Mar 11, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_

23b. ADDRESS 410 3rd Central - 1st floor - 5th

23c. DATE SIGNED 3/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE Mar. 12, 1953

24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

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

DATE REC'D BY LOCAL REG. 3-11-53

REGISTRAR'S SIGNATURE [Signature]

FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 3840 Lindell Blvd.

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

001  
4

• md 5-1 •

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

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4699

P. O. Address Charles, 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.