

FILED DEC 10 1953

STANDARD CERTIFICATE OF DEATH

40873

State File No. 11458

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Registrar's No. 11458

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
b. CITY OR TOWN St. Louis		a. STATE 7770	
c. LENGTH OF STAY (In this place) 3 mos.		b. COUNTY Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp		c. CITY OR TOWN De Soto	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) DAVID		12 2 53	
b. (Middle) Robert			
c. (Last) MICKEL			

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-21-1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Mach. Helper Ry. Car Shops Washington Co., Mo	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Washington Co., Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Mickel	13b. MOTHER'S MAIDEN NAME Mary Clifton	14. NAME OF HUSBAND OR WIFE Susan Mickel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Susan Mickel	ADDRESS De Soto Mo
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18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c) *This does not mean the mode of death, such as heart failure, cerebral etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		
	II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture intertrochanteric left femur DUE TO (c) Fracture of shaft of right femur.		
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 9-12-53	19b. MAJOR FINDINGS OF OPERATION Fresh fracture shaft of femur left Fresh fracture of intertrochanteric left hip	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) De Soto Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 7 1953 12:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK? (WHILE AT WORK) (NOT WHILE AT WORK) <input checked="" type="checkbox"/> <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? slipped + fell in kitchen E9030
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22. I hereby certify that I attended the deceased from Sept. 7, 1953, to Dec. 2, 1953, that I last saw the deceased alive on Dec 2, 1953, and that death occurred at 2:05 P.M., from the causes and on the date stated above. 20

23a. SIGNATURE Andrew Lub mo. 0	(Degree or title)	23b. ADDRESS Firmin Desloge Hospital	23c. DATE SIGNED Dec. 2, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-5-53	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) De Soto, 7770
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DATE REC'D BY LOCAL REG. DEC 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith mo. 1	25. FUNERAL DIRECTOR'S SIGNATURE See Mathushead - De Soto Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5 1957

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.....
Signature of Student Embalmer

Signed *Andrew H. England*

Licensed Embalmer No. *47*

P. O. Address *W. S. Co.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.