

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40874**  
 Registrar's No. **11179**

FILED DEC 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Herculaneum</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>0500</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ralph</b>	b. (Middle) <b>G.</b>	c. (Last) <b>Mickel Jr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 24, 1953.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 28, 1922.</b>	9. AGE (In years last birthday) <b>30.</b>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Chemist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Chemical Plant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Crepe Nebraska</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Ralph. Mickel</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Glenn</b>	14. NAME OF HUSBAND OR WIFE <b>Donna Mickel</b>
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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>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Donna Mickel</b> ADDRESS <b>Herculaneum, Missouri.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Pulmonary Congestion</b>  ANTECEDENT CAUSES <b>2nd &amp; 3rd Degree Burns of 60% of Body; suffered when deceased fell from roof of building apparently because of dizziness while inspecting a soldering machine at the St. Joseph Lead Company at Herculaneum, Mo., on Nov 23 1953 at about 500 pm</b>		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>an</b>	20. AUTO/SYM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Company</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Herculaneum 050 Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 23 53 5:00</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E 9 ft 3.5</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11.25.53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-25-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. View Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rapid City South Dakota.</b>
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DATE REC'D BY LOCAL REG. <b>NOV 25 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vinyard Fun. Home Festus, Missouri.</b> ADDRESS
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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.....  
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No... 357

P. O. Address *H. R. Lewis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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