

FILED DEC 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 36484

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) Washington, Rural, St. John		c. LENGTH OF STAY (In this place) 10 yrs.	c. CITY OR TOWN Washington.
d. FULL NAME OF HOSPITAL OR INSTITUTION Washington, Mo. R. #1 E.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) R. #1 E.		03610	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Gertrude	c. (Last) Michels.	4. DATE OF DEATH (Month) (Day) (Year) Nov. 29th, 1955.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 24, 1865.	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 5	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker.	10b. KIND OF BUSINESS OR INDUSTRY Own home.	11. BIRTHPLACE (City and State or Foreign Country) Hanover, Germany.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND (Indicate relationship) Oswald Michels.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No. X	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eugene Hillermann	ADDRESS Washington, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation		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) chr. myo. arteritis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1950, 19, to 11/29/55, 19, that I last saw the deceased alive on 11/29/55, 19, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.P. Peter M.D.	23b. ADDRESS Washington Mo	23c. DATE SIGNED 11/30/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE Dec. 2nd, 1955.	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 12/1/55	REGISTRAR'S SIGNATURE E.P. Peter	25. FUNERAL DIRECTOR'S SIGNATURE (Address) Hilburg & Vitt, Inc. Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1956

DEC 9

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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 Jerome F. Swoboda

Licensed Embalmer No. 45

P. O. Address Washington

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.