

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31189

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 71

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		JEFFERSON		a. STATE		MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only)		ROCK TOWNSHIP		c. CITY OR TOWN		RURAL	
c. FULL NAME OF (If NOT in hospital, give location)		NEAR IMPERIAL Mo		d. STREET ADDRESS		NEAR IMPERIAL Mo	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
FRED MICHAELIS				SEPT 3, 1956			
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
M.	W.	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	SEPT 13, 1900	55	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
TOOL MAKER		MACHINE SHOP		GERMANY		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
FRED MICHAELIS				SOPHIE BENNECKE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
NO NONE		497-16-6695		MRS ADELE MICHAELIS IMPERIAL Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							Immediate
IMMEDIATE CAUSE (a) Cerebral Embolus							
DUE TO (b) Arteriosclerotic Ht Disease							4 1/2
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED?
							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		
					COUNTY		
					STATE		
21. I attended the deceased from Sept 5 to Sept 31 1956 and last saw her alive on 8-28-56							
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE				22b. ADDRESS		22c. DATE SIGNED	
John M. Miller M.D.				5235 Clayton		9-4-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
CREMATION		SEPT. 6 - 1956		VALHALLA CREMATORY		ST. LOUIS CO. MISSOURI	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
HEILIGTAG FUNERAL HOME IMPERIAL Mo				Sept 8 1956		Ruth Jissa	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

439

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 12 1958

VS JUN 9 1958

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 *Arthur W. Heilig*

Licensed Embalmer No. *38*

P. O. Address *Imperial*

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.