

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

43534

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10505**

1. PLACE OF DEATH a. CITY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>20 yrs</b>	c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>5518 Ashland</b>			STREET ADDRESS (If rural, give location) <b>5548 ASHLAND</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sadie</b> b. (Middle) <b>Mildred</b> c. (Last) <b>Michler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-15-56</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 5, 1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Belleville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Louis Schiermeier</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Stein</b>		14. NAME OF HUSBAND OR WIFE <b>Leonard Michler</b>		
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>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leonard Michler St. Louis, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tub.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Peptic Ulcer Rheumatoid Arthritis</b>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>002x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>6-27-</b> , 19 <b>56</b> , to <b>Nov. 15</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Nov. 14</b> , 19 <b>56</b> , and that death occurred at <b>10<sup>00</sup></b> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>Albert Kaplan, M.D.</b>			23b. ADDRESS <b>607 N. Grand</b>		23c. DATE SIGNED <b>11-17-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois</b>			
DATE REC'D BY LOCAL REG. <b>NOV 17 1956</b>		REGISTRAR'S SIGNATURE <b>Paul Smith Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo Ranner Belleville Illa</b>		

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

m 83 (Licensed Embalmer's Statement on Reverse Side)

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 not embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Geo. R. Jones.....  
Licensed Embalmer No. 2314  
P. O. Address Bellewille.....

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.