

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26373

STATE FILE NUMBER

FILED JUL 31 1957

Registration District No. 318

Primary Registration District No. 1003

Registrar's 6710

300
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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL. b. COUNTY E. St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS 81208 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. PAC. HOSP.		Length of stay in lb 67 days	d. STREET ADDRESS 1958 No. 65th St. 32 (If outside city limits, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROBERT First SYMON Middle MICHAELIS Last		4. DATE OF DEATH 7/17/57 Month Day Year	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/11/23
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARD CLERK		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Simon Peter Michaelis	
14. MOTHER'S MAIDEN NAME Ethel T M^o Adams		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW II	
16. SOCIAL SECURITY NO. 704-12-6891		17. INFORMANT Address Yvonne Michaelis East St Louis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS DUE TO (b) CORONARY ARTERIOSCLEROSIS DUE TO (c) 420.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) MYOCARDIAL INFARCTION, OLD.			INTERVAL BETWEEN ONSET AND DEATH Several hours. Several years.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
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 May, 57 to 7/17/57 and last saw him alive on 7/17/57 Death occurred at 9 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clement J. Sullivan, M.D. (Degree or title)		22b. ADDRESS No. Pac. Eng. Hwy. 2000	
22c. DATE SIGNED 7-18-57		23. NAME OF CEMETERY OR CREMATORY East St Louis, Ill.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-18-57	
23c. NAME OF CEMETERY OR CREMATORY East St Louis, Ill.		23d. LOCATION (City, town, or county) (State) Ill.	
24. FUNERAL DIRECTOR John J. Kury East St Louis, Ill. ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 18 57	
26. REGISTRAR'S SIGNATURE J. Charles Smith		26. REGISTRAR'S SIGNATURE J. Charles Smith	

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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 John Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joseph J. Kasaly

Licensed Embalmer No. 752

P. O. Address East St. 7

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.