

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26374

FILED JUL 26 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6479**

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION <b>ST. LOUIS CITY HOSP.</b>		Length of stay in 1b <b>#1.</b>		d. STREET ADDRESS <b>3302a California</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <b>CHRIST</b>		First <b>A.</b> Middle <b>Michel</b> Last		4. DATE OF DEATH <b>JULY 10, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 22, 1879</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>bookbinder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>(retired- 5 yrs)</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	
13. FATHER'S NAME <b>Adam Michel</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-03-0819</b>		17. INFORMANT <b>Helen Michel - 3302a California</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Circular Accident</b> <b>Great Questionable.</b> DUE TO (b) <b>Carcinoma of Lung - 5</b> DUE TO (c) <b>metastatic</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>1163X</b>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Generalized Atherosclerosis, Osteoarthritic Arthritis</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>6/20/57</b> to <b>7/10/57</b> and last saw her alive on <b>7/10/57</b> Death occurred at <b>8:45 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (People or title) <b>[Signature]</b>		22b. ADDRESS <b>1515 LAFAYETTE AVE.</b>		22c. DATE SIGNED <b>7/11/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 15, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>S.S. Peter &amp; Paul Ceme. St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>WACKER-HELDERLE</b> ADDRESS <b>-3634 Gravois Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>III 1257</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....  
*Frank J. Malone*

Licensed Embalmer No. *26*

P. O. Address *St Louis*

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.