

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-027245
 State File No.

FILED AUG 11 1958

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7505

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 37 Hamilton Medical Center		d. STREET ADDRESS (If rural, give location) 59 956 Hamilton Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Pierre		b. (Middle) A.		c. (Last) Michel			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 2			
8. DATE OF BIRTH Jan. 25, 1878		9. AGE (In years last birthday) 80		10. F UNDER 1 YEAR 6			
11. BIRTHPLACE (State or foreign country) New Orleans		12. CITIZEN OF WHAT COUNTRY? 1		13. DATE OF DEATH (Month) (Day) (Year) July 30-58			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dental		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Pierre Michel		13b. MOTHER'S MAIDEN NAME Minne Fulkerson		14. NAME OF HUSBAND OR WIFE Anna Brettelle Michel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 486-44-7875		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Albert Klein 6515 Murdock			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1				INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) St. Louis, Mo.			
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 Jan 19 58, to 7/30/58, 19, that I last saw the deceased alive on 7/15/58, 19, and that death occurred at 6 P. m., from the causes and on the date stated above.							
23a. SIGNATURE C. M. ...		(Degree or title) 0		23b. ADDRESS 8059 WATSON Rd.			
23c. DATE SIGNED 7/31/58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-2-58			
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Finan 1519 S. Grand Blvd			
DATE REC'D BY LOCAL REG. AUG 1 '58		REGISTRAR'S SIGNATURE C. M. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Finan 1519 S. Grand Blvd			

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
Student Embalmer

Signed John J. Harries

Licensed Embalmer No. 4408

P. O. Address St. Louis Mo

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 this body is not embalmed, fact should be so stated above.