

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015372

STATE FILE NUMBER
2 4338
Registrar's No.

FILED MAY 14 1959

Registration District No. _____ Primary Registration District No. _____

300
1-57
3
73
2

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 5305 Itaska St.	
3. NAME OF DECEASED (Type or print) First HERMAN Middle A. Last McMICHAEL		4. DATE OF DEATH MAY 2, 1959 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1906
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver-Lieberman Drayage Co.		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 52
10a. FATHER'S NAME Thomas W. McMichael		10b. MOTHER'S MAIDEN NAME Ella Grady	10c. NAME OF HUSBAND OR WIFE Anita McMichael
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		12. SOCIAL SECURITY NO. 488-09-4620	13. INFORMANT Address Anita McMichael 5305 Itaska St.
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH FEW DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			YEARS
DUE TO (c) 420.1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RENAL FAILURE			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 APRIL 28, 1959 to MAY 2, 1959 and last saw her/him alive on MAY 2, 1959 Death occurred at 1:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) JR Bradley M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 5/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S.Kingshighway		25. DATE RECD. BY LOCAL REG. MAY 4 '59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard W. Storrsand*

Licensed Embalmer No. *4007*

P. O. Address

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.