

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019442  
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. Primary Registration District No. Registration No. 5133

300  
-57

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</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis State</b>		d. STREET ADDRESS (If outside, give location) <b>5225 Robert</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ida Michel</b>		4. DATE OF DEATH Month Day Year <b>May 26, 1959</b>	
5. SEX <b>Female</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>Dec. 22, 1893</b>
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>
10a. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Albert Dietrich</b>		13b. MOTHER'S MAIDEN NAME <b>Pauline Koesse</b>	
14. NAME OF HUSBAND OR WIFE <b>Herman J. Michel</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>492-22-4480</b>		17. INFORMANT Address <b>HERMAN J MICHEL 5225 ROBERT</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>Acute pulmonary embolism, without infarction</b> DUE TO (b) <b>Carcinoma of cervix with abdominal metastases</b> DUE TO (c) <b>Mesenteric thrombosis with intestinal infarction</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic and hypertensive cardiovascular-renal disease.</b>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.) <b>171X</b>		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 <b>ST. LOUIS</b>		20g. COUNTY STATE	
21. I attended the deceased from <b>March 26, 1958</b> to <b>May 26, 1959</b> and last saw her/him alive on <b>May 26, 1959</b> Death occurred at <b>3:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. H. Heusler, M.D.</b>		22b. ADDRESS <b>5100 Arsenal St.</b>	
22c. DATE SIGNED <b>5-27-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
23b. DATE <b>5/29/1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	
23d. LOCATION (City, town, or county) <b>AFFTON, Mo.</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>J L ZIEGENHEIN &amp; SONS</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 28 '59</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>		27. (Licensed Embalmer's Statement on Reverse Side)	

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 *Donald C. Brey* .....

Licensed Embalmer No. *4863* .....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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