

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022925
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5518

FILED JUN 16 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 30 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Lemay Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 245 E. Arlee ave Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Louis Middle H. Last Michael 4. DATE OF DEATH Month June Day 11 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-30-1903 9. AGE (last birthday) 58 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker 10b. KIND OF BUSINESS OR INDUSTRY Samuels Shoe Co. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Adolph Michael 13b. MOTHER'S MAIDEN NAME Mary Schenk 14. NAME OF HUSBAND OR WIFE Marie

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. _____ 17. INFORMANT Marie J. Michael Address 245 E. Arlee ave, Lemay, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) metastatic carcinoma to brain INTERVAL BETWEEN ONSET AND DEATH 1 wk.
DUE TO (b) Generalized metastases to liver lung 3 mos.
DUE TO (c) Primary carcinoma left kidney and visceral organs 4 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ 180x
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 March 1, '61 to June 11, '61 and last saw him alive on June 11, '61
Death occurred at 11.45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) George A. O'Sullivan M.D. 22b. ADDRESS 7629 Ivory ave. 22c. DATE SIGNED 6-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 6-14-1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 23d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Rd, Lemay, Mo.

24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries ADDRESS 7824 S. Broadway 25. DATE RECD. BY LOCAL REG. JUN 13 1961 26. REGISTRAR'S SIGNATURE Paul Smith M.D.

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

John S. Penneke

Licensed Embalmer No. 4194

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.