MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025539
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1969

FILED JUL 9 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

1 4007
2 4007
3 2
4 1
5 0
6
7 0
8 2
9 49/X
10
11
12 40-0
13

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
23b	July 6 1962	July 6, 1972	7/18/62

BY AFFIDAVIT OF Funeral Director DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WEBSTER GROVES, MO — Length of stay in 1b: 3 yrs. 25 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Glenwood Home & Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 310 Honeysuc kle Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOUISE Middle Last MICHAEL
4. DATE OF DEATH: Month 7 – Day 3 – Year 62

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-13-1873
9. AGE (last birthday): 88 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Fred Michael
13b. MOTHER'S MAIDEN NAME: Charlotte Bandermann
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Dr. Harry R. Echterhoff, Address: 310 Honeysuckle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): aspiration pneumonia — 20 hrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: arteriosclerotic heart disease abdominal aneurysm. generalized and cerebral arteriosclerosis

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 6-8-59, to 7-3-62 and last saw her/him alive on 7-3-62
Death occurred at 10 45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] (Dr.)
22b. ADDRESS: 1300 Grand Rd St. Louis 19, Mo
22c. DATE SIGNED: 7-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7-6-~~72~~ 1962
23c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co. Missouri.

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc. 2161 E. Fair Ave. St. Louis 7, Missouri
25. DATE RECD. BY LOCAL REG.: 7-4-62
26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. D 3737

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.