

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1620

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town Ray
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution ST. MARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOSPITAL
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME RICHARD WALKER MICHIE 200

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 9 3 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace TENN
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name RUBEN MICHIE

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name BORTHY EMER

15. Birthplace ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Ruben Michie

(b) Address 753 Houdy Road

17. (a) BURIAL (b) Date thereof 8 26 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WAKE CHARLES

18. (a) Signature of funeral director J. Miller

(b) Address 5765 Highway B. B. Rd

19. (a) AUG 26 1940 (b) J. W. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 2758 HANLEY TR.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1940 hour 7:15 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Aug 18, 1940, to Aug 24, 1940. that I last saw him alive on August 24, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 2 days

Due to septicemia - staphylococci 7 days

Due to 107a

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy Broncho-pneumonia
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Julius A. Rossen (M. D. or other) _____

Address 4422 Washington Date signed 8/26/40

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

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Ketter
Licensed Embalmer No..... 3880

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