No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36844

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9117

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of town or city)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution six weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town ~~St. Louis~~ University City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 7274 Maryland NR
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY E. MICHENER
3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Fred E. Michener
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 11 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
77	7	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation none
11. Industry or business none
MOTHER FATHER
12. Name Henry A. Smith
13. Birthplace (City, town, or county) Illinois (State or foreign country)
14. Maiden name Eliza Homer
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant A. J. Michener
(b) Address 7274 Maryland
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-6-40 (Month) (Day) (Year)
(c) Place: burial or cremation Zion's Cemetery
18. (a) Signature of funeral director A. Kron & U. Co
(b) Address 2707 N. Grand Blvd
19. (a) NOV 6 1940 (Date received local registrar) (b) J. D. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4 year 1940 hour 3 minute 35p M.
21. I hereby certify that I attended the deceased from Sept 20, 1940, to Nov 4, 1940 that I last saw h. alive on Nov 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema	
Due to Myocardial failure & abdominal tumor	
Due to probably malignant and definite heart disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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

23. Signature D. S. Bottom, M.D. (M. D. or other)
Address Deaconess Hospital Date signed 11/5/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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