S. No. 2
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7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35691

Registrar's No. 9209

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4024 Shaw Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4024 Shaw Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frederich H. D. Michael
3. (b) If veteran, name war ********
3. (c) Social Security No. 489-07-1355
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Michael
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October 9 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	27	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Falstaff Brewing Co
MOTHER FATHER
12. Name Dietrich Michael
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
14. Maiden name Anna Miller
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mamie Michael
(b) Address 4024 Shaw Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) NOV 7 1942 (Date received local registrar) (b) J. F. Budnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day November year 1942 hour 3:20 minute A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Coronary Occlusion
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Alfred J. Perry (M. D. or other)
Address Date signed 11/6/42

(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.....

Licensed Embalmer No.....

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.