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V. S. No. 2
50M—5-42
Rev. 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 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35693

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9536

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1829 South 10th Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Michaels

3. (b) If veteran, name war

3. (c) Social Security No. 362-18-2419

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Kathryn Michaels

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased August 15th 1893
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	0	hr. min.

9. Birthplace Unknown (City, town, or county) Hungary 4 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Western Screw Co

FATHER
12. Name Fred Michaels
13. Birthplace Unknown (City, town, or county) Hungary 4 (State or foreign country)

MOTHER
14. Maiden name Barbara Unknown
15. Birthplace Unknown (City, town, or county) Hungary 4 (State or foreign country)

16. (a) Informant Kathryn Michaels
(b) Address 1829 South 10th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old SSPeter&Paul Cemetery

18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 South Grand Blvd.

19. (a) NOV 16 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15, year 1942 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from November 8, 1942, to November 15, 1942 that I last saw him alive on November 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to: Beri-beri	
Due to: ~~Cholecystitis & cholelithiasis~~	
Other conditions (Include pregnancy within 3 months of death): Cholecystitis - calculous, cellulitis of legs	

Major findings:
Of operations
Of autopsy

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 0

23. Signature Eugene Wiege (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 11/16/42

(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 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.