V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35694

FILED NOV 23 1942

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9503

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

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: Alexian Bros. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis, 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4641 Louisiana Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Otto G. Michler

3. (b) If veteran, name war No

3. (c) Social Security No. 493-20-8709

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Vera Michler

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December (Month) 19, (Day) 1894 (Year)

8. AGE: Years 47 | Months 10 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Columbia Brewery Co.

FATHER
12. Name Otto Michler
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Natalia Seider
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Michler
(b) Address 4641 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 16 42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Hilderle Mtl Co.
(b) Address 3634 Gravois Ave.

19. (a) NOV 14 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

OTT

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1942 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 1-42, 19__, to Nov - 12, 1942
that I last saw him alive on Nov - 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral bronchial pneumonia — Duration 4 days

Due to

Due to

Other conditions Post operative
(Include pregnancy within 3 months of death)
Gastro Enterostomy on 18/5/42

Major findings:
Of operations Gastric Ulcer

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 Jos L Berry (M. D. or other)
Address 4065 So Grand Date signed 11/18/42

(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.