

THE DIVISION OF HEALTH OF MISSOURI  
FILED DEC 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. 39882  
1403  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  
c. LENGTH OF STAY (in this place) Lifetime  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  
d. STREET ADDRESS (If rural, give location) 2520 Faraon Street

3. NAME OF DECEASED (Type or Print)  
a. (First) Emma  
b. (Middle) Jane  
c. (Last) Michel

4. DATE OF DEATH (Month) (Day) (Year)  
December 8, 1950

5. SEX Female  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
8. DATE OF BIRTH June 16, 1868.  
9. AGE (in years last birthday) 82  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 11 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY Own Home  
11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Aherns  
13b. MOTHER'S MAIDEN NAME Willimena (Unknown)  
14. NAME OF HUSBAND OR WIFE Edward Michel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \*\*\*\*\*  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME Edward Michel ADDRESS St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerosis, general  
ANTECEDENT CAUSES Arteriosclerotic heart and kidney disease  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) Phlegmorrhoea with edema

II. OTHER SIGNIFICANT CONDITIONS Hypertension  
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia (Cerebral hemorrhage)

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH 59 3/4  
12-8-50

20. AUTOPSY? YES  NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) \_\_\_\_\_  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Febr 27, 1949, to Dec 8, 1950, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. B. Larson (Degree or title) M.D.  
23b. ADDRESS St. Joseph Mo  
23c. DATE SIGNED 12-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE Dec. 11, 1950  
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery  
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. Dec 14, 1950  
REGISTRAR'S SIGNATURE Carl C. Casper  
25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer ADDRESS St. Joseph, Mo

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

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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, of \*\*\*\*\*

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.....  
working under my personal supervision.

Student Embalmer No. ....\*\*\*\*\*

Signed

*Raymond W. Archie*

Licensed Embalmer No. ....4413 Missouri.....

P. O. Address St. Joseph, Missouri.

Signed.....\*\*\*\*\*  
Student Embalmer

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.