

APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14572

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3342**

| | | | | | |
|---|---------------------------|--|---|---|------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN | | c. LENGTH OF STAY (in this place) 1 1/2 mos. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary | | d. STREET ADDRESS 5800 Arsenal | | St. Louis, Mo. 2139 | |
| 3. NAME OF DECEASED a. (First) Louise (Type or Print) | | | b. (Middle) Micholey c. (Last) Michely | | |
| 4. DATE OF DEATH (Month) (Day) (Year) | | April 8 1952 | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | 8. DATE OF BIRTH JAN-1-1865 | 9. AGE (in years last birthday) 87 | 10. MONTHS 87 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME UNK? Eberhardt | | 13b. MOTHER'S MAIDEN NAME Christina? UNKNOWN | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 15. SOCIAL SECURITY NO. | | 16. INFORMANT'S SIGNATURE OR NAME City Infirmary Records, 5800 Arsenal St. | |
| 17. NAME OF HUSBAND OR WIFE NICHOLAS MICHELY | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | |
| MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>atherosclerotic heart disease</i> | | | | INTERVAL BETWEEN ONSET AND DEATH years | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? H200 | |
| 22. I hereby certify that I attended the deceased from <i>5-8-52</i> 19, to <i>4-8-52</i> 19, that I last saw the deceased alive on <i>4-8-52</i> , 19, and that death occurred at <i>8:30 PM</i> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <i>William M. Buckley MD</i> | | 23b. ADDRESS <i>5800 Arsenal</i> | | 23c. DATE SIGNED <i>4-9-52</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>4/11/52</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i> | |
| 24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>E. J. Schauer</i> ADDRESS <i>3125 Lafayette Ave.</i> | | | |
| DATE REC'D BY LOCAL REG. <i>APR 9 1952</i> | | REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> | | 5. FUNERAL DIRECTOR'S SIGNATURE <i>E. J. Schauer</i> ADDRESS <i>3125 Lafayette Ave.</i> | |

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

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.