

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15048

FILED APR 22 1957

318

1003

State File No. _____

Registral's No. 3183

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) 7 days		d. Is Residence within limits of a city as incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 7487 Kingsbury Blvd.	
3. NAME OF DECEASED a. (First) Charles b. (Middle) B. c. (Last) Michelson		4. DATE OF DEATH (Month) (Day) (Year) April 1. 1957	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 25 1886
9. AGE (In years, last birthday) 70		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired official	11. BIRTHPLACE (City and State or Foreign Country) Pacific, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Michelson		13b. MOTHER'S MAIDEN NAME Selma Schultz	14. NAME OF HUSBAND OR WIFE Margaret Michelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-03-4095	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Michelson 7487 Kingsbury
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of liver INTERVAL BETWEEN ONSET AND DEATH 3 mos ? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) site of origin not determined DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Art. sclerotic proc sis, hypertension, Unken	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 156.2		20. AUTOPSY? YES <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 56, 1956, to April 1, 1957, that I last saw the deceased alive on March 31, 1957, and that death occurred at 7:30 AM., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wayne O. Gorka M.D.		23b. ADDRESS 100 No Euclid	23c. DATE SIGNED 4-2-57
24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 4/3/57	24c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery	24d. LOCATION (City, town, or county) (State) Pacific, Mo.
DATE REC'D BY LOCAL REG. APR 3 '57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stock Mortuary 889 S. Brentwood Blvd Clayton, Mo.	

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

73

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 Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....
Paul A. Wachtel

Licensed Embalmer No. *4787*

P. O. Address.....
St. Louis, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.