

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007880

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2318** STATE FILE NUMBER

**FILED MAR 7 1962**

1. PLACE OF DEATH  
 a. COUNTY *St. Louis*  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *St. Louis* Length of stay in 1b *5 days*  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION *De Paul Hosp* Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE *Mo* b. COUNTY *St. Louis*  
 c. CITY OR TOWN *Spanish Lake* Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) *1139 Baron ave* Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
*Michael LeRoy Church*

4. DATE OF DEATH Month Day Year  
*2 - 25 62*

5. SEX *Male* 6. COLOR OR RACE *White* 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH *2/21/62* 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
 Months *9* Days *4* Hours *0* Min. *0*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *none* 10b. KIND OF BUSINESS OR INDUSTRY *none* 11. BIRTHPLACE (City and state or country) *St. Louis, Mo* 12. CITIZEN OF WHAT COUNTRY *USA.*

13a. FATHER'S NAME *Floyd Floyd Church* 13b. MOTHER'S MAIDEN NAME *Wanda Schatz* 14. NAME OF HUSBAND OR WIFE

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. *no* 17. INFORMANT *Floyd Church* Address *1139 Baron Ave*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) *Atelectasis*  
 (b) *Prematurity*  
 (c) *762:5*  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *2/21/62* to *2/25/62* and last saw her alive on *2/25/62*  
 Death occurred at *9:26 pm* on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Type or print) (Degree or title) *W.D. Gust* 22b. ADDRESS *8700 Riverview* 22c. DATE SIGNED *2/27/62*

23a. BURIAL, CREMATION; REMOVAL (Specify) *Burial* 23b. DATE *2/27/62* 23c. NAME OF CEMETERY OR CREMATORY *Laural Hills* 23d. LOCATION (City, town, or county) *St. Louis, Mo* (State)

24. FUNERAL DIRECTOR *Miceli 1150 n Kingshiway* ADDRESS 25. DATE RECD. BY LOCAL REG. **FEB 27 1962** 26. REGISTRAR'S SIGNATURE *Loed Smith, M.D.*

DATE AMENDED  
 S  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Anthony J. Muel

Licensed Embalmer No. 4277

P. O. Address St. Louis

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.