

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27908

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. _____
 Townships North St. Mary's Hospital Primary Registration District No. 16248th Registered No. 205
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME

Lloyd V. Misklay
 (a) Residence. No. 3027 a Wyoming St. St. Louis Mo Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED - HUSBAND OF - <u>Josephine Misklay</u> (OR) WIFE OF -				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 25, 1888</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>41</u>	<u>9</u>	<u>9</u>	<u>23</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Georgey Parcel</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>				
PARENTS	10. NAME OF FATHER <u>Lloyd Misklay</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>			
	12. MAIDEN NAME OF MOTHER <u>Theresa Horrell</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>			
14. INFORMANT <u>Josephine Misklay</u> (Address) <u>3027 a Wyoming</u>				
15. FILED <u>AUG 18 1930</u> - <u>B. Plester</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/17 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/14 1930, to 8/17 1930, that I last saw him alive on 8/17 1930, and that death occurred, on the date stated above, at St. Louis Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hyperthrophic Arteriosclerosis
12413
1180 (duration) ✓ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) gastric hemorrhage (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
0/11/2031
 (NOT AT PLACE OF DEATH)
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) My account M. D.
8/18 1930 (Address) 1717 Infants

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul DATE OF BURIAL Aug 20 30

20. UNDERTAKER Thos. Kutis ADDRESS 2906 Epavois

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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