

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

Do not use this space.

20014

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1903**  
 City St. Louis (No. 4267a) Hartford St. St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
 Registered No. **6045**

**2. FULL NAME** John C. Misegades

(a) Residence. No. 4267a, Hartford St., 16 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  
 4. COLOR OR RACE  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Julia Misegades

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

71 2 23

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired Mill Wright

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Frederick Misegades

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holland  
 (STATE OR COUNTRY) 13

12. MAIDEN NAME OF MOTHER Louise Shaffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holland  
 (STATE OR COUNTRY)

14. INFORMANT Julia Misegades  
 (Address) 4267a Hartford St.

15. FILED May 31 1931 Max C. Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 19 31

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to May 27, 1931 that I last saw him alive on May 27, 1931 and that death occurred, on the date stated above, at 12 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

43c  
Chronic Myocarditis  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Charles Dross M. D.

5.27 .19 31 (Address) 3702 Gravois Ave.

\*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 Alton Illinois DATE OF BURIAL May 30 19 31

20. UNDERTAKER Bauer & Boehn ADDRESS Alton Ill.

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.

