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.

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

Do not use this space. 26726

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7917

City St Louis, Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Arthur Mitschler

(a) Residence, No. 3157 No. 13th St. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1908

7. AGE: - YEARS 22 MONTHS 11 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Malinkrodt Chem. Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME John Mitschler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME Maria Suring
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Dr. Stephens Barnes Hospital.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE July 18, 1931

19. UNDERTAKER (ADDRESS) Theo. W. Beiderwieden 1936 St. Louis Ave.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1931, to 7-15, 1931

I last saw him alive on 7-15, 1931. Death is said to have occurred on the date stated above, at 2:05 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis ~~Cardiac decompensation~~ mitral stenosis and insufficiency

Rheumatic Heart Disease Chronic

Date of onset

Other contributory causes of importance:

Terminal uremia cause unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Louis J. Arthur, M. D.

(Address) Barnes Hospital

Dr. Louis J. Arthur