

Oct 21 1935

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

Do not use this space.

34275

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2839**) **Salona**

File No.....

Registered No. **8700**

St. Ward)

2. FULL NAME **Anthony Misbauer**

(a) Residence, No. **2839** **Salona** St. **24** Ward.

(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 **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 **Theresa Misbauer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **abt 1883**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 52 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoemaker**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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.**

13. NAME **Anthony Misbauer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

15. MAIDEN NAME **Katherine Hajek**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

17. INFORMANT **Frank Misbauer**

18. BURIAL, CREMATION, OR REMOVAL **St. Peter & Paul** DATE **10-16** 1935

19. UNDERTAKER **H. C. Moydell**

20. FILED **Oct 16 1935**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-13-1935**

22. I HEREBY CERTIFY, That I attended deceased from **January 15, 1935**, to **October 13, 1935**. I last saw him alive on **October 13, 1935**. Death is said to have occurred on the date stated above, at **5 P** m. The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset **Oct 10-35**
left

Other contributory causes of importance:
hypocidites
pharyngitis
bronchitis
edema Date **1935**
Name of operation **none** Date of.....
What test confirmed diagnosis **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** 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 **none**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **J. J. Bredeck**, M. D.
(Address) **2767 Harrison St**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

