REC'D SEP 9 1938

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

Do not use this space.

File No. 28839

Registered No. 74

1. PLACE OF DEATH
County Franklin Co
Township
City Washington Mo (No. ..... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME Albert August Mische

(a) Residence, No. 219 Lafayette St., Washington, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Amanda Struebbe Mische

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1878

7. AGE: Years 60 | Months 0 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Mo

FATHER

13. NAME Herman Mische
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Not known

MOTHER

15. MAIDEN NAME ~~Fredericka Hasenjaeger~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Not known

17. INFORMANT (ADDRESS) Mrs Amanda Mische Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE Aug 23 38 19

19. UNDERTAKER (ADDRESS) Otto & Co Washington Mo

20. FILED Aug 22 1938 H A May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Suicide By Drowning

Other contributory causes of importance: None

Name of operation None Date of .....
What test confirmed diagnosis? Coroner Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19.....
Where did injury occur? Mo River at Washington Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Mo River Washington Mo
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Thos. P. Shofer Coroner
(Address) Sullivan Mo

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.