

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37009**
9282
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5905 Lotus
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 37 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Toni Miseles
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Herman Miseles 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab 92 hr. min.

9. Birthplace Bucovina Austria
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name unk
13. Birthplace unk (City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk (City, town, or county) (State or foreign country)

16. (a) Informant Adolph Marcus
(b) Address 5905 Lotus

17. (a) burial (b) Date thereof 11/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. P. ...
(b) Address 4715 ...

19. (a) Nov 12 - 1940 (b) J. ...
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5905 Lotus (If rural, give location)
(e) If foreign born, how long in U. S. A. 37 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1940 hour 7 P.M. minute M.

21. I hereby certify that I attended the deceased from 10-19, 1940, to Nov 11, 1940
that I last saw her alive on Nov 11, 1940
and that death occurred on the date and hour stated above. 7 P.M.

Immediate cause of death Chronic myocarditis 2 yrs
Due to Old age

Due to Old age
Other conditions 10-19-40
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury !

23. Signature G. F. Lerner (M. D. or other)
Address 918 Kingshighway Blvd Date signed 11-12-40

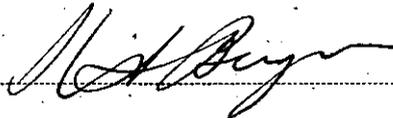
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.