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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5397

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1645

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1945 Arsenal St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 24
(If outside city or town limits, write "RURAL")

(d) Street No. 1945 Arsenal St. 7
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John B. Mischlispy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced / married

6. (b) Name of husband or wife Alice Mischlispy

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 1. (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	9	17	hr. min.

9. Birthplace (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business

FATHER
12. Name Unknown Mischlispy
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Unknown Bernhardt
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Carl A. Mischlispy
(b) Address 3661 Wilmington Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Watt Bros & Nole
(b) Address 2929 S. Jefferson Ave.

19. (a) FEB 20 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 25, 1941, to Feb. 18, 1941
that I last saw him alive on Feb. 15, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 yr.
(2) CONDUCTION DEFECT	2 mon.
Due to Hypertensive Heart disease.	1 yr.
Due to	
Other conditions Chronic Cystitis (Include pregnancy within 3 months of death) Hypertrophy Prostate.	catarrhal 2 yr.

Major findings:
Of operations 93d
Of autopsy 93c

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Eugene H. Edele (M. D. or other) M.D.
Address 3019 So. Jefferson Date signed Feb. 20 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 99998, Jefferso

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

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