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-39
(23)

MAP 11 100784
Registration District No.

Primary Registration District No. 200

Registrar's No. 461

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(c) Name of hospital or institution: Robt Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 2 days
(Specify whether
In this community 32 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1328 Franklin 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME JOHN MISSLER

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 9 2 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 28 If less than one day hr. min.

9. Birthplace East St. Louis, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Bar tender

11. Industry or business

MOTHER FATHER { 12. Name George Missler
13. Birthplace Pittsburg, Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Brelay
15. Birthplace Pittsburg, Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hospital Records
(b) Address 1506, MO

17. (a) Burial (b) Date thereof 2-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas. F. Stewart

(b) Address 1275 Hudson Blvd

19. (a) FEB 27 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1941 hour 8 minute 37 AM.

21. I hereby certify that I attended the deceased from 5-6, 1939 to 2-25, 1941

that I last saw him alive on 2-25-41 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 10 yrs?

Due to 13. Pa
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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 Herbert F. Schwartz (M. D. or other) D
Address Robert Koch Hospital Date signed 2-25-41

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

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.....

J. Wm. Binkley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo.*

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

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