02
No. 2
1-4-41
-17-39
X26390

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

State File No. 39814

FILED JAN 24 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9520

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months (Specify whether years, months or days)

In this community 50yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2225 Montgomery St. (If rural, give location) Jamison Shelter for Men

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Frank Mishey

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased October 17, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70		25	hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

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

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

16. (a) Informant
(b) Address St. Louis City Hospital #1

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director O. Becker
(b) Address 2500 Ritter

19. (a) DEC 1 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11, year 1941 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from August 11, 1941 to November 11, 1941 that I last saw him alive on November 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with cerebral arterio-sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature John E. McKeich M. D. (or other)

Address 1515 Lafayette Ave. Date signed 11/12/41

549 (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.....

....., 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 wi the above constitutes grounds for revocation of license.)

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

Pearce

AFFIDAVIT.

STATE OF MISSOURI)
SS
CITY OF ST.LOUIS)

BEFORE ME THIS DAY PERSONALLY APPEARED, JOS. M.PEETZ, VICE- PRES. PEETZ BROS. L & U CO. WHO WHEN SWORN AND UNDER OATH DECLARES, THAT ON THE 5th. DAY OF JANUARY, 1942. HE REMOVED THE REMAINS OF FRANK MISHEY FROM THE MEDICAL COLLEGE OF THE ST. LOUIS UNIVERSITY AND BURIED THE REMAINS OF THE SAME, FRANK MISHEY IN A GRAVE IN NEW ST. MARCUS CEMETERY ON THE 5th. DAY OF JANUARY 1942. THE SAID FRANK MISHEY DIED ON NOVEMBER 11,1941 AT THE CITY HOSPITAL IN ST.LOUIS, MO.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 5th. DAY OF MAY 1942.

Joseph M. Peetz

Francis Shorne

Term Expires Dec. 26,1942.

5-39814