

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11560**  
**3940**  
Registrar's No.

Registration District No. **318** Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **St. Johns Hospital**  
(d) Length of stay: **5 weeks**  
In this community **5 weeks**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **006**  
(c) City or town **St. Louis**  
(d) Street No. **4241 Holly Ave**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Emma C. Miessler**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**  
(d) Sex **Female** (e) Color or race **White**  
(f) (g) (a) Single, widowed, married, divorced **Married**  
(h) (b) Name of husband or wife **Walter T. Miessler**  
(i) (c) Age of husband or wife if alive **59** years  
(j) Birth date of deceased **February 19, 1886**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **1st.** year **1945** hour **11:30** AM minute **10** M.  
21. I hereby certify that I attended the deceased from **April 1 - 1945** to **May 1 - 1945**  
that I last saw her alive on **May 1 - 1945** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>	<b>2</b>	<b>12</b>	hr. min.

Immediate cause of death **Coronary occlusion** Duration **1 mo.**  
Due to **arteriosclerosis**  
Due to **hyperleucemia & diabetes**  
Other conditions **Cerebral embolism**  
(Include pregnancy within 3 months of death)

9. Birthplace **Columbus Nebraska**  
10. Usual occupation **At home**

PHYSICIAN  
Major findings: **61**  
Of operations...  
Of autopsy...

11. Industry or business  
12. Name **Louis Schreiber**  
13. Birthplace **Unknown Germany**  
14. Maiden name **Anna Asche**  
15. Birthplace **Unknown Germany**

16. (a) Informant **Walter T. Miessler**  
(b) Address **4241 Holly Ave**  
17. (a) **Burial** (b) Date thereof **5/5/45**  
(c) Place: burial or cremation **Valhalla Cemetery**  
18. (a) Signature of funeral director **Math Hermann & Son**  
(b) Address **2161 East Fair Ave**  
19. (a) **MAY 3 1945** (b) **J. F. Bredek**

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? \_\_\_\_\_  
(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 **Chas W Miller** (M. D. or other) \_\_\_\_\_  
Address **408 Humboldt** Date signed **5/2/45**

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

MAR 4 1958

**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 *Gustav W. Dickel*

Licensed Embalmer No. *4329*

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

**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.**