

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4058^a Maffett
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna Miskell

3. (b) If veteran, name war no

3. (c) Social Security No. 70

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 17 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business self

MOTHER FATHER { 12. Name Adam Reiser
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Miskell
(b) Address 4058^a Maffett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/46
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Joseph A. Howard

(b) Address 1619 Grand

19. (a) MAR 4 1946 (Date received local registrar) J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2nd
year 1946 hour 11:46 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Prostate Right Thy Cancer
when deceased fell to floor
at her home 4058^a Maffett
St. Louis Mo. Jan 11 1946
Due to 8:00 a.m.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 18
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) Accident
(b) Date of occurrence Jan 11 1946
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

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

23. Signature Patrick E Taylor (M. D. or other) _____
Address Deputy Coroner Date signed 3-4-46

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

10361

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 Joseph A. Howard

Licensed Embalmer No. 4139

P. O. Address 4212 St Louis Ave

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.