

FILED AUG 7 1947  
#761847  
318  
Registration District No. ....

Primary Registration District No. ....

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Mo.**  
(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 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street No. **1320 So. 3rd St.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
**23**

If yes, name country.....

3. (a) PRINT FULL NAME..... **LEO MISCHEL**

3. (b) If veteran, name war..... **Worlds War # 1**

3. (c) Social Security No. ....

4. Sex..... **Male** ( ) 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Virginia**

6. (c) Age of husband or wife if alive..... **35** years

7. Birth date of deceased..... **May 20 1892**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>2</b>	<b>17</b>	.....hr. ....min.

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

10. Usual occupation..... **Salesman**

11. Industry or business.....

12. Name..... **John Mischel**

13. Birthplace..... **Alsace Lorraine** ( )  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Louise Edel**

15. Birthplace..... **St. Louis, Missouri** ( )  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Harry G. Mischel**

(b) Address..... **1320 So. 3rd St.**

17. (a) **Burial** ( ) (b) Date thereof..... **Aug. 9, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **National Cemetery**

18. (a) Signature of funeral director..... **Gebken-Benz Mortuary**  
(b) Address..... **2842 Meramec St.**

19. (a) **AUG 8 1947** (b) **J. F. Biedeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **7th**  
year..... **1947** hour..... **3:10** minute..... **A** M.

21. I hereby certify that I attended the deceased from..... **8/5/47**  
..... 19..... to..... **Aug. 7th,** 19..... **47**  
that I last saw..... **him**..... alive on..... **Aug. 7th,** 19..... **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Cardiac failure**  
**Arteriosclerotic Heart**  
**Chronic Malnutrition**  
**Chronic Dehydration**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of 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..... **Rose & Mowbray**  
**1515 Lafayette** **8/11/47**  
Address..... Date signed.....

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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.....

*Emb. cert filed sep*

Licensed Embalmer No.....

P. O. Address.....

**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.