

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6445

State File No. 1447
Registrar's No. 1009

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1009		Registrar's No. 1009			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1				d. STREET ADDRESS (If rural, give location) 23 2210 So. 4th St.					
3. NAME OF DECEASED (Type or Print) OSCAR		a. (First)		b. (Middle) FRANK		c. (Last) MISERAY			
4. DATE OF DEATH		Feb. 11 1951		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH April 28, 1886		9. AGE (in years last birthday) 64		10. IF UNDER 1 YEAR Months _____ Days _____			
11. BIRTHPLACE (State or foreign country) Rockford, Ill.		12. CITIZEN OF WHAT COUNTRY? _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper (Retired) Mo. Pac. R.R. Co.		10b. KIND OF BUSINESS OR INDUSTRY _____			
13a. FATHER'S NAME Albert Miseray		13b. MOTHER'S MAIDEN NAME Minnie Schromm		14. NAME OF HUSBAND OR WIFE Late Johanna Miseray					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS David E. Miseray 2847 Magnolia Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 1. Bronchopneumonia. 2. Subdural Hemorrhage. 3. Fracture of both legs, suffered when struck by truck operated by one Jessie Stubbs, at intersection of South Broadway and Barry Streets, around 6:30 P.M., Jan. 20, 1951. ACCIDENT. II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE _____ HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, MO Mo		21f. HOW DID INJURY OCCUR? See above 68/21			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-20-51 6:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:29 p.m., from the causes and on the date stated above 25					
23a. SIGNATURE (Degree or title) Doctor E. Taylor Weaver		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2.13.51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. FEB 13 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.					

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

W. H. Stovesand

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Richard W. Stovesand*

Licensed Embalmer No. *4007*

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.