# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

8984

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1320 So. 3rd Street. ..... St. ..... Ward)

File No. .....

Registered No. 2696

**2. FULL NAME** John Mischel

(a) Residence. No. 1320 So. 3rd Street. St., 22 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widower |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Mischel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-12-1851

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 5 | 15 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

165

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) France.

9

PARENTS

10. NAME OF FATHER Dont Know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Dont Know.

31

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Dont Know.

31

14. INFORMANT L W Mischel
(Address) 1320 So 3rd Street.

15. FILED ..... 19 ..... Max C Starkey REGISTRAR

3

**MEDICAL CERTIFICATE OF DEATH** 2/27

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/27 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/23 ....., 1929, to 2/27 ....., 1929 that I last saw her alive on 2/26 ....., 1929, and that death occurred, on the date stated above, at 10 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 10 10 P.M.

92 Mitral Insufficiency

93 Chronic Myocarditis

95 ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardiac asthma

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 90W

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [signature], M. D

2/28, 1929 (Address) 1807 S 18

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Old St. Marcus Cemetery | Mar. 2 1929 |

20. UNDERTAKER J. H. Gebken L. & U. Co. ADDRESS 2842 Meramec.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.