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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1000

City St Louis (No. ....., ... St. ..... Ward)

File No. 27478

Registered No. 7285

2. FULL NAME MICHAEL DEISS

(a) Residence, No. 1510 MALLINKRODT 26 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: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 10TH 1870

7. AGE: 62 YEARS — MONTHS: 5 DAYS: 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. JANITER 236

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MALLINCKROTH CHEM WORKS

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS 1

FATHER

13. NAME MICHAEL DEISS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 10

MOTHER

15. MAIDEN NAME MARGARETH Wick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Elisabeth Deiss 1510 Mallinckrodt St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Aug 9th 1932

19. UNDERTAKER (ADDRESS) Edward Koch 3516 N 14th St

20. FILED AUG -8 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932, to Aug 6, 1932

I last saw him alive on Aug 6, 1932 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral ~~Hemma~~ Hemorrhage

Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alospius A. Wild, M. D.

(Address) 3600 N 14 St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

S. NO. 2