

REG'D SEP 14 1939 **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **6887**

1. PLACE OF DEATH:

**1003**

- (a) County St. Louis
- (b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
611 Lafayette  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution NO  
(Specify whether \_\_\_\_\_)
- In this community 30 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis **23**  
(If outside city or town limits, write "RURAL")
- (d) Street No. 1816 S. 3rd St.  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 35 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th  
year 1939 hour 12:00 minute Midnight

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 Pulmonary Hemorrhage;  
(Cause Undetermined)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? H

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Joseph M. Johnson (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner signed \_\_\_\_\_

3. (a) PRINT FULL NAME Pete Misca (Max)

3. (b) If veteran, name war NO 3. (c) Social Security No. 702-09-0730

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Flora Misca 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August (Month) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>0</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Sarofava, Hungary  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Carpenter

11. Industry or business Railroad Co.

12. Name Ilie Misca

13. Birthplace Roumania  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant's own signature Eusei Jonescu

(b) Address 2229 Park Ave

17. (a) Burial (b) Date thereof 8/8/39  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Charles Lind

(b) Address 1216 S. Jefferson Ave

19. (a) AUG 8 1939 (b) \_\_\_\_\_  
(Date received local registrar) \_\_\_\_\_ (Registrar's signature)

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.

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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 B. J. Finore

Licensed Embalmer No. 1391

P. O. Address 406 Bستانا

**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, above space should be left blank.**