

FILED DEC 22 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10787

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

1. PLACE OF DEATH:

(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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Irma Misbauer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank W.

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

7. Birth date of deceased Unknown About 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 50 Unknown _____
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Louis Wall

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elna Fischer

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Adele Lakebrink

(b) Address 2859 Semple

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12/8/43
(Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director J. E. Maydell

(b) Address 1926 Allen Ave.

19. (a) DEC 8 1943 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4143a Nebraska Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1943 hour 12 minute 10 A.

21. I hereby certify that I attended the deceased from Nov 14 43 to Dec 5 1943
that I last saw her alive on Dec 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis
(acute parenchymatous)

Due to _____

Due to _____

Other conditions: 1/30
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Bredbeck (M. D. or other _____)

Address 3115 Eu. Ave. Date signed 12/7/43

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed D. M. Davis

1192 Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave.

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.