No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI, DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6815

FILED FEB 20 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1308

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3933 Kossuth Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 3933 Kossuth Ave (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME: Frank H. Mysing

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: September (Month) 6 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
89	5	0	hr. min.

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

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Fred Mysing
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Marie Kehlenbrink
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mis s Loraine Gieselman
(b) Address: 3933 Kossuth Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany Cemetery

18. (a) Signature of funeral director: Calvin F Feutz
(b) Address: 4828 Nat ridge Blvd

19. (a) FEB 8 1948 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6 year 1948 hour 8. minute 40 P.M. M.

21. I hereby certify that I attended the deceased from June 1934 to Nov. 6 1948 that I last saw him alive on Nov. 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	14 yrs.
Due to: Hypertension	?
Due to: Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death): 90	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: A. M. Langenbach (M. D. ~~other~~)
Address: 6200 Hoffman Date signed: Nov 7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Ralph C. Lindsey.....

Licensed Embalmer No.....4275.....

P. O. Address.....St. Louis, Mo.

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.