

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25062

FILED AUG 14 1950

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 6762

|   |  |  |   |   |   |  |  |  |  |
|---|--|--|---|---|---|--|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. 318   |   | PRIMARY REG. DIST. NO. 1003   |   | State File No. 25062   |  | Registrar's No. 6762   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |   |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>   |  |  | c. LENGTH OF STAY (In this place)           |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b> |  |  | 2099   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>4530 Alice Avenue</b>   |  |  |   | e. STREET ADDRESS (If rural, give location)<br><b>4530 Alice Avenue</b>   |   |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <b>Oswald</b>   |   | b. (Middle) <b>M.</b>   |   | c. (Last) <b>Miessner</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 7, 1950</b>   |  |
| 5. SEX <b>male</b>  |  | 6. COLOR OR RACE <b>white</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>   |   | 8. DATE OF BIRTH<br><b>August 19, 1868</b>   |  | 9. AGE (In years last birthday) <b>81</b><br># UNDER 1 YEAR Months<br># UNDER 1 HR. Hours<br># UNDER 1 MIN. Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY           |   |   | 11. BIRTHPLACE (State or foreign country)<br><b>Alton, Illinois</b>                                |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Paul Miessner</b>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b> |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Anna Miessner</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |  | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Miss Vera E. Miessner, 4530 Alice Avenue</b>                                    |   |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of head of pancreas</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 months +</b>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                |  |  |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  |  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>157X</b>  |   |   |   |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>July 24, 1950</b> , to <b>Aug 7, 1950</b> , that I last saw the deceased alive on <b>Aug 7, 1950</b> , and that death occurred at <b>11:15 p.m.</b> , from the causes and on the date stated above. |  |  |   |   |   |  |  |  |  |
| 23a. SIGNATURE<br><b>J. B. Luster</b>   |  |  |   | (Degree or title)   |   | 23b. ADDRESS<br><b>4110 West Florissant Ave.</b>   |  | 23c. DATE SIGNED<br><b>Aug 8, 1950</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |  | 24b. DATE<br><b>August 10, 1950</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Friedens Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>                        |  |  |  |
| DATE REC'D BY LOCAL REG.<br><b>AUG 9 1950</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. B. Luster</b>   |   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave.</b> |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No. ....

Licensed Embalmer No. 3737

P. O. Address St. Louis, Missouri

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.