

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

Do not use this space.

**8984**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **1320 So. 3rd Street.**)

File No. ....

Registered No. **2696**

St. .... Ward)

**2. FULL NAME**

**John Mischel**

(a) Residence. No. **1320 So. 3rd Street.** St. **22** 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

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

**Widower**

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

**Louise Mischel**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**9-12-1851**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**77**

**5**

**15**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**France.**

**10. NAME OF FATHER**

**Dont Know.**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Dont Know.**

**12. MAIDEN NAME OF MOTHER**

**Dont Know.**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Dont Know.**

**14.**

INFORMANT

(Address)

**1320 So 3rd Street.**

**15.**

FILED

19

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**3**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**2/27 19 29**

**17.**

I HEREBY CERTIFY, That I attended deceased from

1929, to

**2/27**

19 29

that I last saw him alive on **2/26**, 19 29, and that death occurred, on the date stated above, at **10:10 P. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**10:10 P. M.**

**92. Mitral Insufficiency**  
**93. Chronic Myocarditis**

(duration) ..... yrs. .... mos. .... da.

**CONTRIBUTORY (SECONDARY)**

**Coronary Arteriosclerosis**

(duration) ..... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **W. H. Hester**

M. D

**7/28, 1929 (Address) 1807 S 18**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

**Old St. Marcus Cemetery**

**Mar. 2 19 29**

**20. UNDERTAKER**

ADDRESS

**J. H. Hester & Co.**

**2842 Meramec.**

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.

