

AUG 29 1928

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170File No. 25088

Township

Primary Registration District No. 6388HRegistered No. 154City Richmond Heights (St. Marys Hospital)

St. _____ Ward _____

2. FULL NAME

Augusta Muszkoff(a) Residence. No. 711 Swan Ave St. Peters Ward 6

(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

W

4. COLOR OR RACE

W

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

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

John Muszkoff6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-30-1865

7. AGE

YEARS 63MONTHS 3DAYS 2

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

8. OCCUPATION OF DECEASED

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

Housewife

(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)

Germany

10. NAME OF FATHER

John Gid

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

Daven Powers

(Address)

711 Swan Ave St. Peters

15.

FILED

7/2 192866 June

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-1-1928

17.

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1927, to July 1, 1928
that I last saw her alive on July 1, 1928, and that
death occurred, on the date stated above, at 7:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4th Carcinoma of Liver4442(duration) 3 yrs. 3 mos. 3 da.

CONTRIBUTORY

(SECONDARY)

Gall Stones(duration) 3 yrs. 3 mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: yes1 DID AN OPERATION PRECEDE DEATH: yes DATE OF June 18-1928WAS THERE AN AUTOPSY? yesWHAT TEST CONFIRMED DIAGNOSIS? Clinical in micro(Signed) Arthur W. Westrup, M. D.7-7-1928 (Address) Wesley Grove Mo

*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

St. Peters Cemetery (Westwood) 7/4 1928

20. UNDERTAKER

ADDRESS

Grogan-7146 Manchester

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.

