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

Do not use this space.

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1. PLACE OF DEATH

County St Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033B — Registered No. 15

City St Louis (No. 3718 Jennings Rd St. Ward)

2. FULL NAME Joseph J. Muschamp Sr.

(a) Residence No. 6505 Ridge St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	3	13	

8. OCCUPATION OF DECEASED

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

(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) England

PARENTS

10. NAME OF FATHER James Muschamp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY) England

14. INFORMANT Mr. Joseph J. Muschamp Jr. (Address) 6505 Ridge Ave.

15. FILED 1/12 1930 Rolla Bracy M.D. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 11 1930

17. I HEREBY CERTIFY, That I attended deceased from December 6, 1929 to January 11, 1930 that I last saw him alive on January 11, 1930 and that death occurred, on the date stated above, at 5:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mucus membrane Bladder Carcinoma involving entire bladder and adnexia

57B (duration) about 7 yrs. mos. ds.

132B CONTRIBUTORY (SECONDARY) Superpubic drainage 1 mo

162 Aremia Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 12-1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Luke B. Tiernon M.D.

1/11, 1930 (Address) 3718 Jennings

*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: Valhalla Cemetery — DATE OF BURIAL: 1-14 1930

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton ave

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