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

Do not use this space.

2564

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Centre — Primary Registration District No. 6033 — Registered No. 34
City Fine Lawn (No. 3718 Jennings Road St. Ward)

2. FULL NAME Laura Musbaum
(a) Residence. No. 6411 Grove Av. Ward. Fine Lawn Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17-1892

7. AGE: Years 37 | Months 11 | Days 14 | 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) Indiana

PARENTS
10. NAME OF FATHER Anton Winscheif
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Bitz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Edward Musbaum
(Address) 6411 Grove Ave.

15. FILED 2/1, 1930 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 31 1930

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1929, to Jan. 31, 1930 that I last saw her alive on January 31, 1930 and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus History 8 yrs
Chr. Int. Nephritis?
57
131
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Diabetic Coma 1 week
albuminuria?
Complete suppression of urine anemia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Luke B. Tiernan, M.D.
2/1, 1930 (Address) 3718 Jennings Rd

*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: St. Peter & Paul Cem. — DATE OF BURIAL: Feb. 3, 1930

20. UNDERTAKER: Jos. W. Clark — ADDRESS: 1125 Hodiamont Ave.

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.