

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

Do not use this space.

17528

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

**City Hospital**

File No. ....

Registered No. **4605**

St. .... Ward)

**2. FULL NAME**

(a) Residence No. **2800 Cynthia** St., **23** Ward. **St. Louis Co. Mo.**  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **38** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX **male**  
4. COLOR OR RACE **white**  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 5 1930**

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

17. I HEREBY CERTIFY, That I attended deceased from **April 28**, 19**30** to **May 5**, 19**30** that I last saw him alive on **May 5**, 19**30**, and that death occurred, on the date stated above, at **11:30 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 28 - 1882**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**48 0 7**

**Tubo Pausis with**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Labourer 1925**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Gardner**  
(c) Name of employer

**Uremy retention**  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

10. NAME OF FATHER **Constantine Muscke**

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

19. DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER **Augusta Meisch**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **J. J. [Signature]** M. D.  
**5**, 19**30** (Address) **City Hospital**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

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

14. INFORMANT (Address) **City Hospital**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Bethelam** DATE OF BURIAL **5-9 1930**

15. FILED **May 11 1930** REGISTRAR

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2439 North 16**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5  
1  
2  
1

Muecke

50