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

Do not use this space.

35118

File No. .....

Registered No. 9332

**1. PLACE OF DEATH**

County ..... Registration District No. 7911

Township St Louis, T. ..... Primary Registration District No. 7912

City St Louis Mo (No. 4524, Ashland ave St. ..... Ward)

**2. FULL NAME** Edna Musselman

(a) Residence, No. 4524 Ashland ave St., 10 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William J. Musselman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27-1900

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 33. | 5. | 27. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling W. Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT William J. Musselman
(ADDRESS) 4524 Ashland ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cem DATE Oct 30, 1933

19. UNDERTAKER Ambister Mod Co
(ADDRESS) 4234 Manchester ave

20. FILED OCT 30 1933 J. P. Biedeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to 10-24-, 1933

I last saw h.... alive on Oct 23-, 1933. Death is said to have occurred on the date stated above, at 8:25 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~not known~~ | |
| Carcinoma of Pancreas | |
| Onset not known | |
| KUF | |

Other contributory causes of importance:

none

Name of operation none Date of .....

What test confirmed diagnosis? Ex Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. H. Foster, M. D.

(Address) 4125a Easton

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.

NOV 10 1933

THIS IS A PERMANENT RECORD

4125 S Easton 1-3