

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

Do not use this space.

DEC 20 1935

37193

1. PLACE OF DEATH

County St. Louis Registration District No. 333
 Township St. Ferdinand Primary Registration District No. 4468
 City Robertson, Mo. (No. _____ St. _____ Ward)

File No. _____
 Registered No. 182

2. FULL NAME Joseph Musen

(a) Residence, No. 4708 Newberry Terrace, Ward. St. Louis, Missouri
 (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Musen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-13-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
age 32 11 13

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

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

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) Springfield Ohio

13. NAME Edward Musen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brody Austria Poland

15. MAIDEN NAME Lena

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

17. INFORMANT (ADDRESS) H. Layman

18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Ham Day DATE 11/27/35

19. UNDERTAKER (ADDRESS) H. O. Berger

20. FILED 11/27 1935 W. A. Zentler Registrar.

Dr. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 12, 1935 to November 26, 1935 in November 26, 1935 Death is said to have occurred on the date stated above, at 10:35 a. m.

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

Carcinoma of Caecum and Stomach

Date of onset

1 yr.

Other contributory causes of importance: Ascites

4 mos

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical & laboratory 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. _____

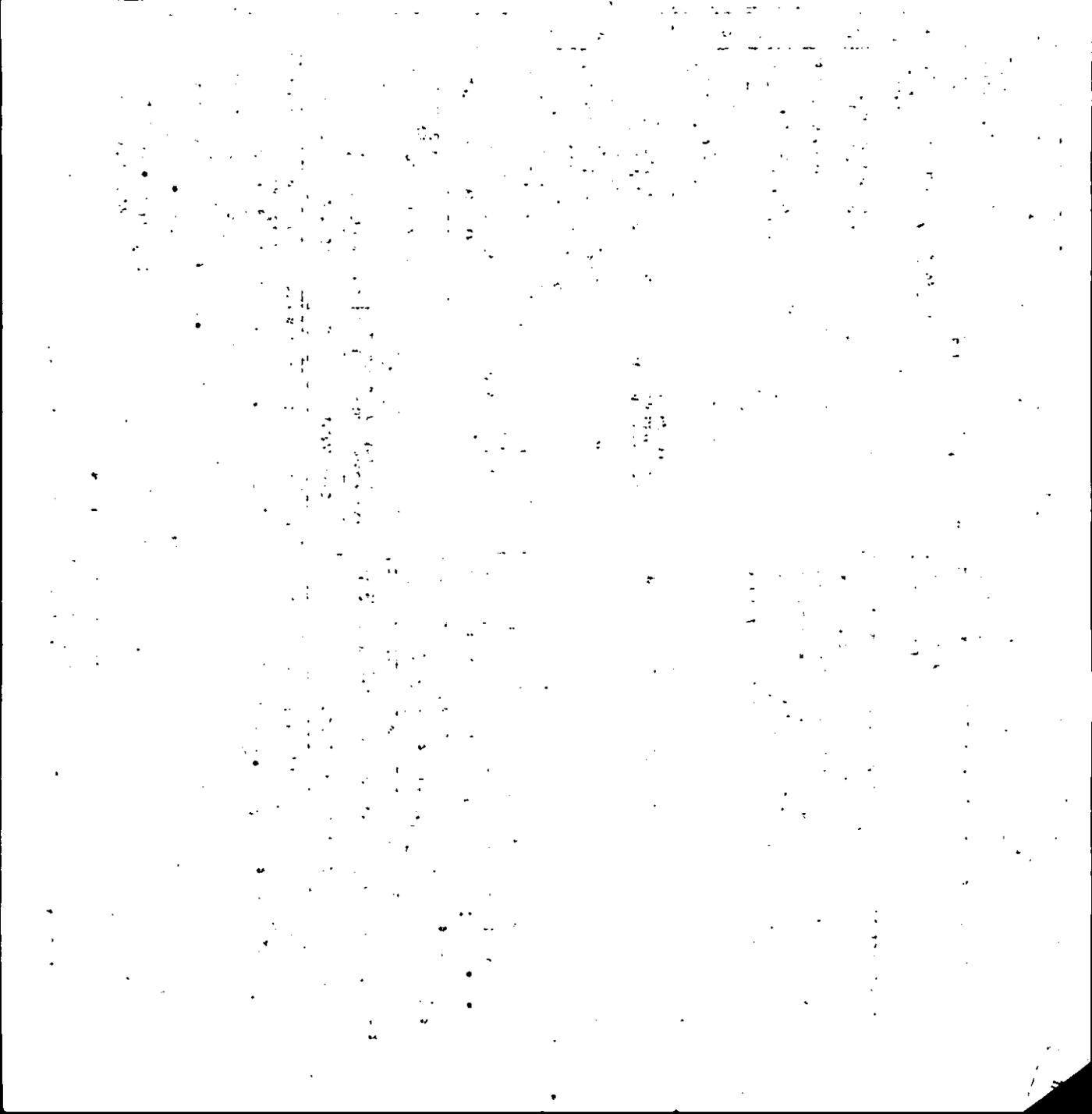
Manner of injury _____ Nature of injury _____

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

If so, specify. (Signed) Delbert Newer, M. D.

(Address) Joseph Haustorinan Robertson Mo

OCCUPATION
FATHER
MOTHER



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

ALL INFORMATION OBTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-2010 BY 60322 UCBAW/STP
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 338
 Township Ferguson Primary Registration District No. 4468
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph Musen
 (a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 1/14 1936 W. a. zeitler Registrar
W. B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma of Cecum + stomach Date of onset _____

This man was operated on for appendicitis when opened found to have carcinoma of cecum + into stomach.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Joseph Musen, M. D.

(Address) General Sanatorium

SUPPLEMENTARY

6-37193

SAFETY COPY