

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Hospital No. 1**)

C 3362

File No. **22298**

Registered No. **6050**

2. FULL NAME

George Muschamp

(a) Residence, No. **1116 S Newstead St.,** **18** 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) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edna Mae Muschamp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **/April 27, 1896**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
41 **1** **25**

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

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) **St. Louis**

13. NAME **George Muschamp**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Hosp Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **6-26**, 19**37**

19. UNDERTAKER (ADDRESS) **Kriegshauser Mortuaries 4228 So. Kingshighway**

20. FILED **JUN 22 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/21/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **6/8/37**, 19, to **6/21/37**, 19

I last saw him live on **6/21/37**, 19. Death is said

to have occurred on the date stated above, at **9 55p.**

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

*Mesenteric Thrombosis
Pneumonia Bronchi
operation of Mesenteric Thrombosis*

Other contributory causes of importance:

107a

Name of operation *Resection of Colon* Date of *6-11-37*

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) *F. W. Hayes*, M. D.

(Address) **City Hospital No. 1**

