

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

35947
Do not use this space.

1. DATE OF DEATH **NOV 15 1937**

791 2
1003 1

(a) County St. Louis Registration District No. _____
 (b) Township _____ Primary Registration District No. _____ Registered No. 9524
 (c) City St. Louis (d) Street No. 5356 Maffitt Ave. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Henry Musgrave
 (a) Residence, No. 5356 Maffitt Ave. St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Sophia Musgrave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Police Officer
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) New Zealand

FATHER 13. NAME Unknown Musgrave
 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 (ADDRESS) Sophia Musgrave
5356 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE Oct. 13th, 37

19. FUNERAL DIRECTOR (ADDRESS) Drehrman Varal
1905 Union Blvd.

20. FILED OCT 13 1937 W. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 23rd to Oct 10th, 1937
 I last saw him alive on Oct. 10th, 1937 Death is said to have occurred on the date stated above, at 2:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
Ch. Nephritis
 Date of onset 1 year
2 year

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab 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) Arthur Snydacker, M. D.
 (Address) 2208 Summit St

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.

26100
Dunn
Community
A/C

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Harold A. Carver

Licensed Embalmer No.

3534

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)