

Registration District No. 701

Primary Registration District No. _____

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME 252 Frank Mousehund

3. (b) If veteran, name war No
 3. (c) Social Security No. 488-09-8114

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elsie Mousehund
 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Oct 19, 1885
 (Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 28
 If less than one day hr. _____ min. _____

9. Birthplace Illinois
 (City, town, or county) (State or foreign country)
nil

10. Usual occupation 1

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Mousehund 6

13. Birthplace Germany 6
 (City, town, or county) (State or foreign country)

14. Maiden name Anne Milhausen

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Kent(b) Address City Hospital No. 1

17. (a) Burial (b) Date thereof 6-20-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director W. J. ...(b) Address 2623 ...

19. (a) JUN 20 1939
 (Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis, Missouri 176
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3725 Minnesota
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17, year 1939 hour 4:30 minute 0 M.

21. I hereby certify that I attended the deceased from 6/8/39, 19____, to 6/17/39, 19____; that I last saw him alive on 6/17/39, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Pericarditis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William Lapsun (M.D. or other)Address City Hospital No. 1 Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Em blank page

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 206 27.39

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5471

On this 17th day of October, 1950, before me appears William Decker of Ziegenhein Brothers, who, upon His oath, states that the original record of ~~birth~~ death of FRANK MAUSHUND ~~born~~ died June 17th, 1939, in the State of Missouri, and which was filed at Jefferson City, Missouri on _____, 19____, should be corrected as follows:

Item No. 3 should read ~~Frank=Maushund=instead=of=Frank=Maushund~~

Instead of _____

Item No. 3 should read Frank Mausehund
Frank Mousehund

Instead of _____

Item No. 6 should read Elsie Mausehund
Elsie Mousehund

Instead of _____

Item No. 12 should read Henry Mausehund
Henry Mousehund

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ziegenhein Bros.
By Wm Decker Relationship.
6409 Travis Ave
Present Address.

Subscribed and sworn to before me this 17th day of October, 1950.

My Commission expires Nov. 9, 1962. J. M. Seymour Notary Public.

2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

TO THE DIRECTOR
OF THE BUREAU OF
INDUSTRIAL HYGIENE
WASHINGTON, D. C.

RE: [Illegible]

[Illegible text]

