DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34089

Registration District No. 701 | Primary Registration District No. | Registrar's No. 8627

1. PLACE OF DEATH:
(a) County 1003
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6hrs. (Specify whether years, months or days)
In this community 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 218 E. Davis st.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Juanita Muscovalley
3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 18 (Month) 1922 (Day) (Year)
8. AGE: Years 16 Months 11 Days 20 If less than one day hr. min.
9. Birthplace Mound City, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Student
11. Industry or business Cleveland High School
MOTHER FATHER
12. Name Capt. George Muscovalley
13. Birthplace Columbus (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Lottie Thomis
15. Birthplace Milburn (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant's own signature Capt. Geo. Muscovalley
(b) Address 218 E. Davis st.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 39 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway
19. (a) OCT 9 1939 (Date received local registrar) (b) J. F. Bachsch (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 8 day 8 year 1939 hour 2:30 minute a. M.
21. I hereby certify that I attended the deceased from Oct. 7, 39, 19, to Oct. 8, 39, 19; that I last saw her alive on Oct. 8, 39, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	12 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	5 days

Major findings: Of operations
Of autopsy: Hemorrhage of brain & mtr
Medical Examiner

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 7702 [illegible] Date signed Oct. 9, 39

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER—USE STANDARD BLACK INK—MAKE A PERMANENT RECORD

Form 1 X19511

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 Lance C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

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