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.

REC'D NOV 13 1939

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

Do not use this space. 34113

#11479 791

1. PLACE OF DEATH
County St Louis Registration District No. 1003 File No. 8651
Township St. Louis Primary Registration District No. Registered No.
City Missouri (No. Missouri Baptist Hospital St. Ward)

2. FULL NAME Thos. Baby + Musgraves 26
(a) Residence, No. 5403 Lemay, St Louis Mo Ward. 2 (If nonresident, give city or town and State)
(Usual place of abode)
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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Singled
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ~~Harold M. Musgrave~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]
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 Mo

FATHER
13. NAME HAROLD M. MUSGRAVE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. St. Louis, Ill.

MOTHER
15. MAIDEN NAME MARGARET COPPLE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CENTRALIA Ill.

17. INFORMANT (ADDRESS) H. M. Shaw E. St Louis, Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill. DATE Oct 8 1939
19. UNDERTAKER (ADDRESS) C. M. Burke E. St Louis, Ill.
20. FILED OCT 10 1939 19 J. F. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1939, to ——, 19..
I last saw him alive on ——, 19.. Death is said to have occurred on the date stated above, at 3 20/A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta Previa	9/28/39
Stillborn	

Other contributory causes of importance:
Almost 2 mos premature.
Cesarean
Name of operation —— Date of
What test confirmed diagnosis? [illegible] 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? No
If so, specify ——
(Signed) H. M. Loewenstein M. D.
(Address) Hall Bldg. St Louis, Mo

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