

AUG 28 1941 791

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3137 Lawton ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 Years / (Specify whether
years, months or days)

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. 3137 Lawton ave
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1941 hour 8:45 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis
Due to Chronic Nephritis
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(a) Manner of injury _____

23. Signature W. H. Perry (M. D. or other) _____
Address _____ Date signed 7/28/41

000
17
21⁹
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

63
100
17
9

3. (a) PRINT FULL NAME NATHINEL MUSE

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 1 12 hr. _____ min.

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business Jefferson Barracks

MOTHER FATHER { 12. Name Robert Muse

13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Della Riddle

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

16. (a) Informant Carrie America

(b) Address 2919 Belle ave

17. (a) Burial (b) Date thereof 8-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 3035 Lucas ave

19. (a) JUL 31 1941 (b) J. H. Smith
(Date of registration) (Registrar's signature)

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

William Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

2649 Welmer Blvd

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.