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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19858

State File No. 5827

Registration District No. 791 Primary Registration District No. 1003 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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 6/6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3752 Louisiana Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frances Musgrove

3. (b) If veteran, name war –

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Homer Musgrove

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 11 (Day) 1871 (Year)

8. AGE: Years 71 ~~70~~ Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Godfrey Volkmann
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Albert Bade
(b) Address 5337 Quincy St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Hackey-Delaule Und. & Fur. Co
(b) Address 3634 Gravois Ave.

19. (a) JUL 9 1942 (Date received by registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7. year 1942 hour 9:26 minute P. M.

21. I hereby certify that I attended the deceased from June 23. 1942 to July 7. 1942; that I last saw her alive on July 7. 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with cerebral arteriosclerosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations

Of autopsy

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) 0
While at work? (e) Means of injury

23. Signature John Mikoucek (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 7/7/42

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Ryland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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, fact should be so stated above.