

V. S. No. 2  
OM-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19880

LED JUN 19 1943

State File No. \_\_\_\_\_  
Registrar's No. 5327

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: California & Cherokee Sts.  
(d) Length of stay: In hospital or institution. *promised death at city hosp*  
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis, Missouri  
(d) Street No. 3427 California  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Homer Musgrove Sr.

3. (b) If veteran, name war: -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife: Frances Musgrove 6. (c) Age of husband or wife if alive: -- years  
7. Birth date of deceased: January 21, 1872

8. AGE: Years 71 Months 4 Days 18 If less than one day hr. min.

9. Birthplace: Ohio (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Salesman

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Lela Bade

(b) Address: 5337 Quincy

17. (a) Burial (b) Date thereof: 6 12 43

(c) Place: burial or cremation: New St. Marcus

18. (a) Signature of funeral director: *Arthur White, Inc. Co.*  
(b) Address: 3634 Gravois Avenue

19. (a) JUN 10 1943 (b) *J. Bealeck*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1943 hour 10 minute 30 P.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: \_\_\_\_\_

Due to: *Coronary sclerosis*

Due to: *arterio sclerosis*

Due to: *94*

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) \_\_\_\_\_ (Means of injury)  
23. Signature: *Alfred Perry* (M. D. or other) \_\_\_\_\_  
Address: \_\_\_\_\_ Date signed: 6/10/43

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

MOTHER FATHER

**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. Highland*

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.**