S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32588

State File No. d

FILED OCT 9 1943

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 2232

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1092 Sutter 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston 096
(If outside city or town limits, write "RURAL")

(d) Street No. 1092 Sutter Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Virginia Muskat.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Muskat

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

7. Birth date of deceased March 26, 1856.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	6	5	..... hr. ..... min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jacob Hartman
13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Firman

(b) Address 6534 Corditt Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4/43.
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) OCT 4 1943 (Date received for registration) (b) E. L. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1943 hour 7.50 minute A.M. M.

21. I hereby certify that I attended the deceased from Sept 25, 1943, to Oct 1, 1943
that I last saw her alive on Sept 30, 1943, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Obstruction Jaundice	4 days
Due to Possible stone or calc	
Due to	
Other conditions Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

124 b4

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 Dr H A Poe (M. D. or other) 200

Address 1506 Hodiamont Date signed 10/1/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.A.Poe
1506 Hodiamont Ave.,
Mu. 7005 2-4 P.M.

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 V E Morris

Licensed Embalmer No. 8360

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.