

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

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FILED FEB 7 1945 318

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State File No. _____
Registrar's No. 857

Registration District No. _____ Primary Registration District 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:
FIRMIN DE SLOGGE HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town 4564 Laclede Ave.
(If outside city or town limits, write "RURAL")
 (d) Street No. St. Louis
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CATHERINE MUSKOPF
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Oliver Muskopf
 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased JUNE 1st 1909 1912
(Month) (Day) (Year)

8. AGE: Years 36 32 Months 7 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation At Home
 Country or business Housewife

12. Name of informant George Haeley

13. Place of death St. Louis
(City, town, or county) (State or foreign country)

14. Maiden name Martha ?

15. Birthplace Pittsfield Ills
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Muskopf

(b) Address 4564 LACLEDE AVE.

17. (a) Burial (b) Date of death Jan 29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter Paul

18. (a) Signature of funeral director Thorndike & son
 (b) Address 2906 Gravois Ave.

19. (a) JAN 28 1945 (Registrar's signature) J. F. Brudner
(Date received local registrar)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 26
 year 1945 hour 9 15 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 1-22-45, 19____, to 1-26-45, 19____;
 that I last saw her alive on 1-26-45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
 Due to Mitral Stenosis
 Due to Chromobacterium
 Other conditions Atypical Pneumonia
(Include pregnancy within 9 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?
(Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address 634 N. Grand Date signed 1/27/45

732 -

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STATE OF CALIFORNIA

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 *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Brown*

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.



St. Louis, Mo.
Feb. 7, 1945.

To Whom It May Concern;

This is to state that I the undersigned,
Oliver Muskopf, informant in the death of Catherine Muskopf,
erroneously stated her age as 35 years.

According to a Certified Transcript of
her Birth Certificate, it shows her date of birth as June 1, 1912
making her age at the time of death 32 years.

Oliver Muskopf

Subscribed and sworn to before me a Notary Public, in and
for the City of St. Louis, State of Missouri, this 7
day of February 1945.

Thomas Kutes
NOTARY PUBLIC

My Comm. Expires Nov. 29-1948

609