

S. No. 2  
M-5-43  
5-17-39  
I X3667

**FILED MAR 3 1945**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **1567**

**1. PLACE OF DEATH:**

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3542 Oregon Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
**life** (Specify whether years, months or days)

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3542 Oregon Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **0** no **24** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Louise Mussback**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **496-22-6158**

4. Sex **Female** / 5. Color or race **white** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ernest Mussback** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **December 5 1888**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>56</b>	<b>2</b>	<b>9</b>	_____ hr. _____ min.

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

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

**MOTHER, FATHER**

12. Name **Henry Brannaker**

13. Birthplace **St. Louis Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Wotawa**

15. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Mussback**

(b) Address **3542 Oregon Ave.**

17. (a) **Burial** (b) Date thereof **Feb 17, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J. L. Ziegenhein & Sons**

(b) Address **7027 Gravois Ave.**

19. (a) **FEB 17 1945** (b) **J. J. Bredbeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month **February** day **14th** year **1945** hour **2:11** minute **P** M.

21. I hereby certify that I attended the deceased from **Feb 2**, 1945, to **Feb 14**, 1945 that I last saw her alive on **Feb 14**, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration 5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Cardiac Asthma**  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Rolanda Koeb** (M. D. \_\_\_\_\_)  
Address **3430 California ave** Date **Feb 15, 1945**

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

**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..... *C. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address..... *7027 Gravois* .....

**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.**