

FILED MAR 31 1946

Registration District No.

Primary Registration District No.

1003

Registrar's No.

2811

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: 4410 Delor
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4410 Delor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry F. Musgrove

3. (b) If veteran, name war -- 3. (c) Social Security No. 493-03-0054

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Mar. 16 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Western Union

11. Industry or business _____

12. Name Henry Musgrove

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

14. Maiden name Unknown

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

16. (a) Informant Josephine Musgrove

(b) Address 4410 Delor

17. (a) Burial (b) Date thereof 3/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldale
(b) Address 3634 Gravois Ave.

19. (a) MAR 26 1946 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from March 2nd, 1946, to March 23rd, 1946
that I last saw him alive on March 23rd, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart disease 18 yrs
Due to Chronic nephritis with ESR 18 yrs
Due to Diabetes Mellitus 10 yrs

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) (c) Means of injury _____

23. Signature Walter J. ... (M. D. or other) _____
Address 5003 A ... Date signed 3-25-46

Duration
18 yrs
18 yrs
10 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10394

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. Myland

Licensed Embalmer No.....

2675

P. O. Address.....

E. Landino

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.