No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19181

FILED MAY 24 1947 71188

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4874

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital, Max Starkloff Memorial
(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 000

(c) City or town St. Louis, Missouri 17
(If outside city or town limits, write "RURAL")

(d) Street No. 8144 Church Road 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LENA MUSKOPF

3. (b) If veteran, name war no

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 Charlie Muskopf

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased December (Month) 3, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	10	hr. min.

9. Birthplace Waterloo (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Christ Schneider
13. Birthplace Waterloo, (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Ida Schmidt
15. Birthplace Waterloo, (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Charlie Muskopf
(b) Address 8144 Chruch Rd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 16, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Evergreen Cem. Hilstadt, Ill.

18. (a) Signature of funeral director Diedrich Funeral Home
(b) Address 8319 Halls Ferry Rd.

19. (a) MAY 14 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1947 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from 5-11-47, 19..., to 5-13-47, 19...; that I last saw her alive on 5-13-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalacia of right temporal lobe

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 N. M. Fitzgerald (M. D. or other)

Address 1515 Lafayette Date signed 5-13-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.