FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19182

64917

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4869

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St.Louis City Hospital-Max C. 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

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

(d) Street No. 5405 Arlington Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LENA MUSSMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edward Mussman 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 4, 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Gottlieb Volkman

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

14. Maiden name Louise Willman

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

16. (a) Informant Albert E. Mussman

(b) Address 2154 Fairhave Dr. Jennings, Mo.

17. (a) Burial (b) Date thereof 5/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc

(b) Address 2161 East Fair Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1947 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from 11/16/46, 19..., to May 13th, 19 47 that I last saw her alive on May 13th, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Spongioblastoma multiforme of Brain	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy same

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 M. R. Dalton (M. D. or other)

Address 1515 Lafayette Date signed 5/13/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Licensed Embalmer No. 4202

P. O. Address.....

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.