No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 31

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 29736

Registrar's No. 1786

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Min. (Specify whether
In this community 17 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Jennings (If outside city or town limits, write "RURAL") 0
(d) Street No. 8820 Huiskamp (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Laura Muskopf
3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Paul
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 6 (Day) 1889 (Year)

8. AGE: Years 57 Months 8 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Berliman
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Omer Muskopf
(b) Address 2664 Harde
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Math. Herman & Son
(b) Address 2161 Fair Ave. St. Louis
19. (a) 8-21-47 (Date received local registrar) (b) Cecil G Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1947 hour 11 minute 55 AM.

21. I hereby certify that I attended the deceased from August 16, 11:35 AM 1947 to August 16, 11:55 AM 1947; that I last saw her alive on August 16 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from cerebral vessel ???

Due to arteriosclerosis

Due to 93d

Other conditions Hypertensive vascular disease (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 0

23. Signature R Herdener (M. D. ~~or other~~)
Address 601 Brentwood Blvd Date signed 8/18/47

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.....

Licensed Embalmer No.....

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.