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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31299

Primary Registration District No. 1003

Registrar's No. 8411

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

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 C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County 009

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

(d) Street No. 5025 Cote Brilliante
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM MUSICK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AGNES GILROY MUSICK

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased JAN (Month) 16 (Day) 1876 (Year)

8. AGE: Years 72 Months 8 Days 11 If less than one day hr. min.

9. Birthplace FLORISSANT (City, town, or county) MO (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

FATHER
12. Name OWEN MUSICK
13. Birthplace FLORISSANT (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name VIRGINIA ALVAREZ
15. Birthplace FLORISSANT (City, town, or county) MO (State or foreign country)

16. (a) Informant AGNES MUSICK
(b) Address 5025 Cote Brilliante Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation FLORISSANT MO

18. (a) Signature of funeral director STROOT-CARROLL
(b) Address 4600 Nat'l Bridge

19. (a) Sep 27 (Date received by registrar) (b) J. F. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th year 1948 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from 9/26/48, 19..., to Sept. 27th, 1948 that I last saw him alive on Sept. 27th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocardial Infarction due to Arteriosclerosis

Due to

Due to

Other conditions
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. L. Bryan M.D. (M.D. or other)
Address 1515 Lafayette Date signed 9/27/48

(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 Ben E. Hoffman

Licensed Embalmer No. 4366

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.