

FILED JAN 29 1949

#12885

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

3072

State File No. 449

| | | | | | | | |
|---|--|--|--|--|---|---|------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | | |
| JOHN _____ | | | MUSSMANN _____ | | | Jan. 15th 1949 | |
| 5. SEX _____ | | 6. COLOR OR RACE _____ | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | | 8. DATE OF BIRTH _____ | |
| Male <input checked="" type="radio"/> | | white | | divorced <input checked="" type="checkbox"/> | | Dec. 31, 1872 | |
| 9. AGE (In years last birthday) _____ | | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | | |
| 76 | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) _____ | | 12. CITIZEN OF WHAT COUNTRY? _____ |
| Wagon maker | | | | | St. Louis, Mo. <input checked="" type="checkbox"/> | | |
| 13a. FATHER'S NAME _____ | | | 13b. MOTHER'S MAIDEN NAME _____ | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| Henry Mussmann | | | Unknown | | XXXXXX | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____ | | | |
| --- | | none | | Edw. C. Mussmann 8265 Watson Road | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____ | | | | | |
| | | Chronic Glomerular Nephritis 1/31/49 | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? _____ | | |
| | | | | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| | | | | St. Louis | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| | | | | | | | |
| 22. I hereby certify that I attended the deceased from 1/10/49, 19____, to 1/15/49, 19____, that I last saw the deceased alive on 1/15/49, 19____, and that death occurred at 10/45 PM, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) _____ | | | | 23b. ADDRESS _____ | | 23c. DATE SIGNED _____ | |
| Edw. C. Mussmann | | | | 8265 Watson Road | | 1/17/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE _____ | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) _____ | |
| burial | | 1-18-49 | | Bethany Cemetery | | St. Louis Co., Mo. | |
| DATE REC'D BY LOCAL REG. _____ | | REGISTRAR'S SIGNATURE _____ | | 25. FUNERAL DIRECTOR'S SIGNATURE _____ | | ADDRESS _____ | |
| JAN 17 1949 | | J. B. Lasater | | A. Kron L&U. Co. | | 2707 N. Grand Blvd. | |

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1943

Embalmer reports cert filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.