

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35167

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

8684

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, 2219</i>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1310 Glasgow</i>				d. STREET ADDRESS (If rural, give location) <i>1310 Glasgow</i>					
3. NAME OF DECEASED (Type or Print) <i>Arthur Muzzall</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 10, 1950</i>						
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>May 7, 1892</i>	9. AGE (In years last birthday) <i>58</i>	IF UNDER 1 YEAR Months <i>5</i>	IF UNDER 1 YEAR Days <i>3</i>	IF UNDER 1 YEAR Hours <i></i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Janitor</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Paris, Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>William Muzzall</i>		13b. MOTHER'S MAIDEN NAME <i>Caroline Faust</i>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Joe White</i>		ADDRESS <i>2841 Thomas St.</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				CORONARY OCCLUSION					
ANTECEDENT CAUSES				DUE TO (b) <i>(Sclerosis)</i>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H20!</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:55 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor, Coroner</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>10.14.50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-14-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>				
DATE REC'D BY LOCAL REG. <i>OCT 14 1950</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Kasece</i>		ADDRESS <i>1221 N. Grand</i>			

(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

Students of College of Mortuary Science

working under my personal supervision.

Student Embalmer No.....

Signed.....

James H. Summers

Signed.....
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.