

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **007** Registrar's No. **10578**

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>1</b>  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>2049</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1025 Central Ave.</b>                      |                                   | 4. STREET ADDRESS (If rural, give location)<br><b>1025 Central Ave.</b>  |  |

|  |             |                             |                                       |                 |                     |
|--|-------------|-----------------------------|---------------------------------------|-----------------|---------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |             |                             | 4. DATE OF DEATH (Month) (Day) (Year) |                 |                     |
| a. (First)<br><b>EDGAR</b>             | b. (Middle) | c. (Last)<br><b>MUSKOPF</b> | Month<br><b>Dec.</b>                  | Day<br><b>9</b> | Year<br><b>1950</b> |

|                       |                                  |  |   |  |  |                                       |                                      |
|-----------------------|----------------------------------|--|---|--|--|---------------------------------------|--------------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>March 11, 1899</b> | 9. AGE (In years last birthday)<br><b>51</b> | IF UNDER 1 YEAR<br>Months<br><b>51</b> | IF UNDER 24 HRS<br>Hours<br><b>51</b> | IF UNDER 24 HRS<br>Min.<br><b>51</b> |
|-----------------------|----------------------------------|--|---|--|--|---------------------------------------|--------------------------------------|

|  |  |   |  |  |  |                              |  |
|--|--|---|--|--|--|------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Supervisor</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ace Cab Co.</b> |  | 11. BIRTHPLACE (State or foreign country)<br><b>Milstadt, Ill.</b> |  | 12. CITIZEN OF WHAT COUNTRY? |  |
|--|--|---|--|--|--|------------------------------|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Jacob Muskopf</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Stahl</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Thelma Muskopf</b> |  |
|--|--|--|--|--|--|

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>487-26-2478</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Thelma Muskopf 1025 Central Ave.</b> |  |  |  |
|---|---|--|--|--|--|

|   |  |  |  |  |                                  |  |
|---|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Acute coronary occlusion</b>  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Atherosclerotic heart disease</b> |  |  |  | <b>1 hour</b>                    |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>D.K. H. &amp; J.P.</b>  |  |  |  |  | <b>2 months</b>                  |  |

|                        |  |  |  |  |   |  |
|------------------------|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>0</b> |  |  |  | 20. AUTOPSY?<br>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.)<br><b>Home</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St. Louis Mo</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?<br><b>H201</b>                              |

22. I hereby certify that I attended the deceased from **never previous to death**, 19\_\_\_, that I last saw the deceased alive on **Never**, 19\_\_\_, and that death occurred at **9:30 Am.**, from the causes and on the date stated above.

|  |  |                                     |
|--|--|-------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Frank T. Rouse M.D.</b> | 23b. ADDRESS<br><b>5720 Washington</b> | 23c. DATE SIGNED<br><b>12/11/50</b> |
|--|--|-------------------------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Dec. 12, 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>New St. Marcus Cem.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |
|--|-----------------------------------|--|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>DEC 11 1950</b> | REGISTRAR'S SIGNATURE<br><b>J. B. Koster</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway Bl.</b> |
|--|--|--|

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

*Miss*

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Edwin A. M. Permat*

Licensed Embalmer No. *3024*

P. O. Address.....

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

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