

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6475**

FILED FEB 16 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1111**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2137	
c. LENGTH OF STAY (In this place)		d. STREET-ADDRESS (If rural, give location) 5910 Arsenal St	
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route to City Hospital #1			

3. NAME OF DECEASED (Type or Print) Blanche			a. (First)			b. (Middle) Musskopf			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2-2-1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 6-20-1882			9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Henry Steible			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Musskopf 2643 Iowa Ave							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exp. asure; Ls of right femur ANTECEDENT CAUSES when she fell in had same morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) exact date and time unknown DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH same	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Accident							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis Mo 000	
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? E90310	

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 **948 P.** m., from the causes and on the date stated above. **21**

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 2.5.51		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-1951		24c. NAME OF CEMETERY OR CREMATORY New St. Marche Cemetery		24d. LOCATION (City, town, or county) (State) 7901 Gravois Ave Mo			
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DATE REC'D BY LOCAL REG. FEB 5 1951		REGISTRAR'S SIGNATURE J. B. Sarater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fiegenheim Bros 6409 Gravois Ave				
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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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John M. Sizemore

Licensed Embalmer No.

4343

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.