

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14940**
3157
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2109**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **3805 Kossuth Ave.**
d. STREET ADDRESS (If rural, give location) **3805 Kossuth Ave.** **0**

3. NAME OF DECEASED
a. (First) **Musetta** b. (Middle) _____ c. (Last) **Moung**
4. DATE OF DEATH (Month) (Day) (Year) **3 30 51**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 7
8. DATE OF BIRTH **Nov. 3-1874** 9. AGE (In years last birthday) **76** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **nil** 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Iowa** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **John J. Muegrose** 13b. MOTHER'S MARDEN NAME **Julia Ferguson** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Harry Young** ADDRESS **Northwestern Hotel**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**
INTERVAL BETWEEN ONSET AND DEATH **5 yrs?**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H2O**

22. I hereby certify that I attended the deceased from **11-13**, 19**50**, to **3-30**, 19**51**, that I last saw the deceased alive on **3-30**, 19**51**, and that death occurred at **5:30 P** m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) **Bessie L. Arnold M.D.** 22b. ADDRESS **8700 Partridge** 22c. DATE SIGNED **3/31/51**

24a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4-3-1951** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo**

DATE REC'D BY LOCAL REG. **APR 2 1951** REGISTRAR'S SIGNATURE **J. J. Foster** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Leidner U., 2223 St. Louis Ave.**

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

Embalmer License Report to Cert. of the State

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 _____

Signed.....
Student Embalmer

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.