

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42066

State File No.

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. #251 Registrar's No. 94

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| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIMMSWICK</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIMMSWICK</u> | |
| c. LENGTH OF STAY (in this place) <u>15 YEARS</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JESSE</u> | b. (Middle) <u>F.</u> | c. (Last) <u>MUSE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 31 1951</u> |
|-------------------------------------|-------------------------|-----------------------|-----------------------|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|-------------------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JAN 1, 1870</u> | 9. AGE (In years last birthday) <u>81</u> Months <u>11</u> Days <u>29</u> | IF UNDER 28 HRS. Hours - Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|-------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>KIMMSWICK MO</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>JOSEPH MUSE</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY WHITE</u> | 14. NAME OF HUSBAND OR WIFE <u>ALICE MUSE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u> | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>ALICE MUSE</u> ADDRESS <u>KIMMSWICK MO</u> |
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| 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, asphyxia, 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) <u>Ch. Myocarditis</u> | | |
| | 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. <u>Arterio sclerosis</u> | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>Kimmswick Jefferson MO</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
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22. I hereby certify that I attended the deceased from Nov 20 1951 to Dec 31, 1951, that I last saw the deceased alive on 11/31 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

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|---|-----------------------------------|--------------------------------|
| 23a. SIGNATURE <u>R. Reich MD</u> (Degree or title) | 23b. ADDRESS <u>Kimmswick, Mo</u> | 23c. DATE SIGNED <u>1/2/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JAN 3 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN</u> | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY MO</u> |
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| BATE REC'D BY LOCAL REG. <u>Jan 2-52</u> | REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u> 438 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME</u> ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

IMPERIAL

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-3-52

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

Elmer A. Helgstad

Licensed Embalmer No. _____

3571

P. O. Address

Kimmswick

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.