

## STANDARD CERTIFICATE OF DEATH

State File No. 44713

FILED DEC 29 1953

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 590	Registrar's No. 3223
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rock Hill		c. LENGTH OF STAY (in this place) 29 Yrs.		c. CITY OR TOWN Rock Hill 463
d. FULL NAME OF HOSPITAL OR INSTITUTION 1026 No. Rock Hill Rd.		e. STREET ADDRESS (If rural, give location) 1026 No. Rock Hill Rd.		
3. NAME OF DECEASED (Type or Print) MADELINE		a. (First)	b. (Middle)	c. (Last) MUSICK
4. DATE OF DEATH Dec. 15 1953		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 19, 1896		9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Christian Dubach		13b. MOTHER'S MAIDEN NAME Mary Roos
14. NAME OF HUSBAND OR WIFE Arthur Musick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Arthur Musick		18. ADDRESS 1026 N. Rock Hill Rd.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascularis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		INTERVAL BETWEEN ONSET AND DEATH acute
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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
22. I hereby certify that I attended the deceased from 1952 19 to 12/15, 1953, that I last saw the deceased alive on Nov. 9, 1953, and that death occurred at 2:30 P. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 16 St. Louis, Mo.		23c. DATE SIGNED 11/17/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 19, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.		

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

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.....  
Signature of Student Embalmer

Signed: *William B. White*.....

Licensed Embalmer No. *281*.....

P. O. Address *281 King St.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.