

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 13719  
Registrar's No. 3327

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>3 yrs</b>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4967 Rosalie Avenue</b>		STREET ADDRESS (If rural, give location) <b>4967 Rosalie Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leona</b> b. (Middle) <b>Mustaine</b> c. (Last)		4. DATE OF DEATH <b>4 - 12 - 1955</b> (Month) (Day) (Year)	
5. SEX <b>Fem</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2 - 5 - 1867</b>
9. AGE (in years last birthday) <b>88</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Lockhart, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Wm. Hosken</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Dow</b>	14. NAME OF HUSBAND OR WIFE <b>William P. Mustaine</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Lillian P. Mustaine</b> ADDRESS <b>4967 Rosalie Av.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Order - Vascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
	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. <b>Generalized arteriosclerosis</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION			

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? <b>443X</b>

22. I hereby certify that I attended the deceased from **Mar. 23, 1953**, to **Apr. 12, 1955**, that I last saw the deceased alive on **Apr. 11, 1955**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Brille Ede M.D.** 23b. ADDRESS **508 N. Grand** 23c. DATE SIGNED **Apr. 14, 58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/14/55** 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 14 1955** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Drehmann-Harral** ADDRESS **1905 Union Blvd.**

*M. J. B.* (Licensed Embalmer's Statement on Reverse Side)

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

Dr. B. E. Eck  
508 N. Grand

9 - 11

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 *Albert R. Thompson*

Licensed Embalmer No... 423

P. O. Address *St. Louis*

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.