

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042027

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10945

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 61 6828 Scanlan Ave.		d. STREET ADDRESS (If outside, give location) 6828 Scanlan Ave.	
Length of stay in lb 1 yr. 337		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDIA MUSICK			4. DATE OF DEATH Month Day Year Nov. 13th 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 27, 1881
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 4 Days 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ratoon, New Mexico /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Botkin	
13b. MOTHER'S MAIDEN NAME Mae Miller		14. NAME OF HUSBAND OR WIFE Walter Joseph Musick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 466-32-6464	17. INFORMANT Address Phillip Foley 12 Beverly Dr. Olivette
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute stenosis</i> DUE TO (b) <i>Rheumatic heart disease</i> DUE TO (c) <i>Hypertension art. sclerotic heart dis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <i>Diabetes Mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH ? for yrs. ? for yrs. for yrs. 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <i>No No No</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Oct. 10 - 1958</i> , to <i>11/13/58</i> and last saw <i>her</i> alive on <i>11/13/58</i> Death occurred at <i>9:30</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>John Hammond M.D.</i>		22b. ADDRESS <i>634 N. Grand</i>	
22c. DATE SIGNED <i>11/14/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>Nov. 15 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cem.</i>	
23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		(State)	
24. FUNERAL DIRECTOR ADDRESS <i>A. H. Bocklage 6536 Clayton Rd.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 14 58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John J. Hansen*

Licensed Embalmer No. *4108*

P. O. Address *St. Paul, Minn.*

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.