

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027000

FILED VS JUL 3 0 1959

2 6730

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

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, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b		c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis City Hosp#1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3953 Hartford Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Anton Middle Musil Jr Last				4. DATE OF DEATH Month July Day 17 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/5/15	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer			10b. KIND OF BUSINESS OR INDUSTRY Oil Co		11. BIRTHPLACE (City and state or country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY U S		
13a. FATHER'S NAME Anton Musil			13b. MOTHER'S MAIDEN NAME Helen Sukovsky			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. -		17. INFORMANT Stanley Musil 4225 A Neosho St				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of Left side of Head and Face, back shoulder DUE TO (b) 981x DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered with shrt with shotgun in a woods near St Louis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter cause of injury on PART I or PART II of 18.) Musil, wife of deceased in woods at 3953 Hartford about 300 pm. July 17, 1959.							
20c. TIME OF INJURY 300 p.m.		Month, Day, Year 7 17 59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office, office bldg., etc.) Home		20f. CITY, TOWN OR LOCATION St Louis Mo.	
21. I attended the deceased from 525 P to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Patrick C Taylor Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7-20-59			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7/21/59	23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		23d. LOCATION (City, town, or county) St Louis Missouri			(State)	
24. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen				25. DATE RECD. BY LOCAL REG. JUL 20 1959		26. REGISTRAR'S SIGNATURE Earl Smith. M.D.			

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision. . .

Student _____

Signature of Student Embalmer

Signed

Harley A. Faeller Jr

Licensed Embalmer No. *4950*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.