

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39548

State File No. \_\_\_\_\_

FILED DEC 7 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 115

Registrar's No. 2431

1. PLACE OF DEATH:

(a) County: St. Louis  
(b) City or town: University City  
(c) Name of hospital or institution: 7400 Liberty Ave.  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis  
(c) City or town: University City  
(d) Street No.: 7400 Liberty Ave.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
year 1941 hour 12 minute 01 a. m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1937, to Nov 29, 1941;  
that I last saw him alive on 11/22, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure

Due to: Chronic degenerative myocarditis

Other conditions: 93d

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature: W. F. Wilson M.D. (M. D. or other) \_\_\_\_\_  
Address: 6149 Natural Bridge Date signed: 12/1/41

3. (a) PRINT FULL NAME Edward H. Musgrave,

3. (b) If veteran, no  
3. (c) Social Security No. 489-09-1590

4. Sex: Male 0  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Catherine Musgrave  
6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: October 25 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Huey Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation: Clean out auto bodies

11. Industry or business: Fischer Body Co.

12. Name: Royal C. Musgrave

13. Birthplace: Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary H. Klein  
(City, town, or county) (State or foreign country)

15. Birthplace: Houma La  
(City, town, or county) (State or foreign country)

16. (a) Informant: Catherine Musgrave

(b) Address: 7400 Liberty Ave.

17. (a) Burial (b) Date thereof: 12 - 2 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Cullinane Bros.  
(b) Address: 1710 N. Grand Blvd.

19. (a) DEC 1 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

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Me-ly

707

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Fred Trick* .....

Licensed Embalmer No. .... 3186 .....

P. O. Address..... St. Louis, Mo. ....

**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.**