

X29484

1942 791

Registration District No. Primary Registration District No. Registrar's No. 5980

506
17
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4350A DeTonty St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4350A DeTonty St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Walter F. Musler

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-07-0776

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 13 year 1942 hour 11 minute 45 P. M.

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

6. (b) Name of husband or wife Josephine Musler 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Oct. 24 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 13 1942 to July 13 1942
that I last saw him alive on July 13 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

41 8 9 hr. min.

Immediate cause of death. Coronary Thrombosis; 1 day

9. Birthplace Mo. O
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

10. Usual occupation Inspector

11. Industry or business Curtis-Wright

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Walter S. Musler

13. Birthplace Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Brinkmann

15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Musler
(b) Address 4350A DeTonty St.

17. (a) Burial (b) Date thereof 7-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) J. F. Bradeck
(Date received local registration) (Registrar's signature)

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?..... (City or town) (County) (State)

(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 R. D. Fur Long (M. D. or other) MD
Address 7141 Delmar Date signed July 19 42

J.B.

Mr. Auctonary Pa 4409
7161. Reuben
12th & 7-8 Pine

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: Albert R. Thompson Jr
Licensed Embalmer No. 4237
P. O. Address.....

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.