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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12568

FILED APR 19 1943

Registration District No. [illegible]

Primary Registration District No. [illegible]

Registrar's No. 3107

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

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. 1021 Lynch St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ernest Mussbach

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Viva Mussbach

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr. (Month) 24 (Day) 1862 (Year)

8. AGE: Years 80 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired Huckster

11. Industry or business

FATHER
12. Name Unknown Mussbach
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ernest Mussbach Jr.
(b) Address 3542 Oregon Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director Witt Bro. & Mo
(b) Address 2929 S. Jefferson Av.

19. (a) APR 1 1943 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29, year 1943 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from March 28, 1943 to March 29, 1943 that I last saw him alive on March 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephrosclerosis	
Due to 131	
Due to	
Other conditions Malnutrition (Include pregnancy within 3 months of death)	

Major findings:
Of operations Non-tuberculous
Of autopsy Encephalomalacia
Old osteomyelitis

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature Frank Steinberg (M. D. or other) M.D.
Address 1515 Lafayette Avenue, Date signed 3/30/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson

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.