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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED AUG 8 1943
318

1003

Registrar's No. 6759

Registration District No. _____

Primary Registration District No. _____

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2507 Wise Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida L. Musick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th,
year 1943 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 6-28, 1943, to _____, 1943
that I last saw her alive on 7-24, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married. Divorced Widowed

6. (b) Name of husband or wife Charles Musick

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

7. Birth date of deceased Oct. 14th. 1867
(Month) (Day) (Year)

Immediate cause of death Cardiac failure (Hypertensive) cerebral thrombosis
atherosclerosis

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 5 months of death)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>75</u> | <u>9</u> | <u>10</u> | hr. _____ min. |

9. Birthplace St. Louis, Mo.
(City, town, or country) (State or foreign country)

Major findings: none

Of operations _____

Of autopsy none

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Jackels

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

14. Maiden name Susann Brandt

15. Birthplace Dont Know PENN
(City, town, or country) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 J. H. [unclear] (M. D. or other)
Address 608 [unclear] Date signed _____

16. (a) Informant Eugene Jackels

(b) Address 1313 Laclède Station Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUL 27 1943 (Date received local registration)
(b) J. H. [unclear] (Registrar's signature)

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

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 me

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

VIVISY
Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address. 3710 N. Grand Bl

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.