S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4526

Registration District No. FILED JAN 13 1944 3 1 7

Primary Registration District No. 6076

Registrar's No. 48

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8529 Midland Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8529-Midland Avenue 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emily Alice Wallace

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 1

6. (b) Name of husband or wife Craven

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

7. Birth date of deceased Feb (Month) 5 (Day) 1859 (Year)

8. AGE: Years 84 | Months 11 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Osceola (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Household

11. Industry or business

FATHER
12. Name John Musselmann
13. Birthplace Pittsburgh (City, town, or county) Penna. 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lea Willett
(b) Address 8529-Midland Ave-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Overland, Mo

19. (a) JAN 10 1944 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1944 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Oct 15 1943, to Jan 6th 1944
that I last saw her alive on Jan 6th 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	8 yrs
Due to	
Due to	
Other conditions: Carcinoma of liver (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy 46 f

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 Arnold H Wurzer (M. D. or other) M.D.
Address 8900 St Chas Rd Date signed 1/7/44

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.