No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 22 1947

State File No. 43354
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 11424

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: No. Pac Hospital
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4449 DeTonty 9
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Birdie Crow Musick
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Claude
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 23 (Day) 1893 (Year)

8. AGE: Years 54 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Robertsville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Tobacco Worker
11. Industry or business Liggett & Myers Tob. Co.
FATHER
12. Name William Woodland
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Wade
15. Birthplace Robertsville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant William T. Musick
(b) Address 4449 DeTonty St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) DEC 15 1947 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 14th year 1947 hour 1 minute 45A M.

21. I hereby certify that I attended the deceased from NOV-27 1947 to DEC. 14 1947 that I last saw her alive on DEC-13- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Uterus	7 YRS
Bilateral Pyelonephritis	2 wks.
Due to	
Due to	
Other conditions: VESICO-Vaginal Fistula (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy Carcinoma of CERVIX
Bilateral Pyelonephritis

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? NONE (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NONE (Specify type of place)
While at work? (e) Means of injury
23. Signature J. A. Lembeck M.D. (Mech. or other)
Address 604 N. Grand Date signed 12-14-47

Jefferson City Printing Co.
(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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.