

FILED DEC 14 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39195

10495

BIRTH NO. #104719		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10495			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 5776 Pershing Ave.,					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) M.		c. (Last) MUSICK		4. DATE OF DEATH (Month) (Day) (Year) December 4th, 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH Jan. 1, 1884		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Louis Musick			13b. MOTHER'S MAIDEN NAME Ann Cavanaugh			14. NAME OF HUSBAND OR WIFE Christine Musick-deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elva Braun, 5776 Pershing,				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X					
22. I hereby certify that I attended the deceased from 10/20/49, 19, to 12/4/49, 19, that I last saw the deceased alive on 12/4/49, 19, and that death occurred at 12:10am m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) G. L. ...				23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 12/5/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-7-49		24c. NAME OF CEMETERY OR CREMATORY Int. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. OFF. DEC 6 1949		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849 N. Euclid				

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

(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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Robert L. Brinkman

Licensed Embalmer No. *3552*

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.