

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2845

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 100		Registrar's No. 869	
1. PLACE OF DEATH a. COUNTY 310				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 23 Days		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN ST. LOUIS		2.239	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital				d. STREET ADDRESS (If rural, give location) 614 BARRY ST.			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle)		c. (Last) Mussbach		4. DATE OF DEATH (Month) 1 (Day) 27, (Year) 1951.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH FEB 6 - 1890	
9. AGE (In years last birthday) 60 YRS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ERNEST Mussbach		13b. MOTHER'S MAIDEN NAME IDA BLOWITZ		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernst Mussbach, 4259 Gertrude Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 months	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X					
22. I hereby certify that I attended the deceased from Jan. 4, 1951, to Jan. 27, 1951, that I last saw the deceased alive on Jan. 27, 1951, and that death occurred at 7:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George M. Janaka, M.D.				23b. ADDRESS 5600 Arsenal Street		23c. DATE SIGNED 1/27/51.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-30-51		24c. NAME OF CEMETERY OR CREMATORY New St Marcus		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. JAN 29 1951		REGISTRAR'S SIGNATURE J B Faester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmir 3125 Lafayette			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John B. Hollmer

Signed
Student Embalmer

Licensed Embalmer No. 25614

P. O. Address 3125 1st Street

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.