

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6468

State File No.

105861

318

1003

Registrar's No. 1704

BIRTH NO. 105861		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1704		
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. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		223 STREET ADDRESS (If rural, give location) 1515 Lafayette			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital # 1								
3. NAME OF DECEASED (Type or Print) a. (First) Marie			b. (Middle) Muessig		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH August, 3, 1870	9. AGE (In years last birthday) 80 yrs		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Valentine Schaaf			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Theodore Muessig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-05-0275D		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elsie Roewers, 3315 Magnolia 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonitis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Unknown organisms</i> DUE TO (c) <i>f</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic Heart Disease</i>					INTERVAL BETWEEN ONSET AND 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)				
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? <i>f</i>				
22. I hereby certify that I attended the deceased from <i>2/14</i> , 19 <i>51</i> , to <i>2/20</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2/20</i> , 19 <i>51</i> , and that death occurred at <i>2:35P</i> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Albert Edward Stock M.D.</i>			23b. ADDRESS 1515 Lafayette			23c. DATE SIGNED 2/20/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 24, 1951	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State). St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. FEB 21 1951		REGISTRAR'S SIGNATURE <i>J.B. Lester</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. L.&U.Co. 2929 S. Jeff. Ave.				

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

Handwritten signature

15705

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.....

Davis

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Edgar F. Witt*

Licensed Embalmer No. *2117*

P. O. Address *2929 S. Jefferson*

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.