

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3547**
Registrar's No. **0109**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0109		
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		c. LENGTH OF STAY (In this place) 54 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				d. STREET ADDRESS (If rural, give location) 4716 LOUISIANA				
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE			b. (Middle) Z.		c. (Last) MUSE		4. DATE OF DEATH (Month) (Day) (Year) JAN 3, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH FEB. 11, 1898		9. AGE (In years last birthday) 54	10. UNDER 1 YEAR Months Days	11. UNDER 100 Hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) GLIENER		10b. KIND OF BUSINESS OR INDUSTRY Plating Supplies		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME ADOLF ZAPPE			13b. MOTHER'S MAIDEN NAME ROSA ZIMMERMANN		14. NAME OF HUSBAND OR WIFE ROBERT G. MUSE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-20-2373		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBT. G. MUSE 4716 LOUISIANA				
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) Myocardial Failure				INTERVAL BETWEEN ONSET AND DEATH 2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Thyroid Crisis		1 week		
				DUE TO (c) Thyrototoxicosis		6 years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Circulatory Collapse - Marked Adema - Pleural Effusion		2 weeks		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2520.				
22. I hereby certify that I attended the deceased from Dec 15, 1952 , to Jan 3, 1953 , that I last saw the deceased alive on Jan 3, 1953 , and that death occurred at 8:25 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Myr. Norton M.D.				23b. ADDRESS 634 No Grand St. Louis, Mo		23c. DATE SIGNED 1-5-53.		
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JAN. 6, 1953	24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS 170			
DATE REC'D BY LOCAL REG. JAN 5 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McBEIDERWIEDEY F.H., INC 1936 St Louis				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wm. H. Norton,
Missouri Theatre Bldg.,
11-1 P. M.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Max L. Waibel

Licensed Embalmer No.

4170

P. O. Address

St Louis 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.