

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046684

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12032 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>	Length of stay in 1b <u>2 weeks</u>	c. CITY OR TOWN <u>Jennings</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR ST. <u>St. Louis</u> INSTITUTION <u>Little Rock Hospt Assn</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>7141 Garesche</u> (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harry (Henry)</u> Middle <u>James</u> Last <u>Mussman</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>22,</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-8-1905</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GM&O railroad</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Bernard Mussmann</u>		13b. MOTHER'S MAIDEN NAME <u>Amie Nabers</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Mussmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT Address <u>Mrs. Virginia Mussmann, 7141 Garesche Av</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>CHRONIC HEPATIC FAILURE</u> <u>6 MO.</u>	
DUPLICATE TO (b)	<u>METASTATIC CA OF LIVER</u> <u>8 MO.</u>	
DUPLICATE TO (c)	<u>ADENOCARCINOMA OF RECTUM</u> <u>2 1/2 YRS</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>15X</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____

21. I attended the deceased from 6 DEC 61 to 22 DEC 61 and last saw her/him alive on Dec. 21, 1961
Death occurred at 5:25 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Herzberger M.D.</u> (Degree or title)	22b. ADDRESS <u>3720 Washington Blv.</u>	22c. DATE SIGNED <u>22 Dec 61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec 26 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hiram Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis County, Missouri</u> (State)
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24. FUNERAL DIRECTOR <u>Math Hermann & Son, Inc</u> ADDRESS <u>2161 E. Fair St. Louis, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 23 1961</u>	26. REGISTRAR'S SIGNATURE <u>Karl Smith M.D.</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HEAVY NO. SHOULD READ

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 _____
Signature of Student Embalmer

Signed Wilfred G. Brunley

Licensed Embalmer No. 4202
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.