

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009128

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1396**

FILED FEB 19 1963

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 <i>40083</i>	
3	
4 <i>1</i>	
5 <i>2</i>	
6	
7 <i>1</i>	
8 <i>1</i>	
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12 <i>64-0</i>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST LOUIS MO			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 20 days		c. CITY OR TOWN JENNINGS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSP			d. STREET ADDRESS (If outside, give location) 8827 MAY CT		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OLGA Middle W Last MUSKOPF			4. DATE OF DEATH Month 2 Day 8 Year 63		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-3-1896	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress retired		10b. KIND OF BUSINESS OR INDUSTRY ELY-WALKER		11. BIRTHPLACE (City and state or country) LINSBERG ILL.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME HENRY WEILMUNSTERS		13b. MOTHER'S MAIDEN NAME MARY KIESTER		14. NAME OF HUSBAND OR WIFE GUSTAV MUSKOPF	
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. 58		17. INFORMANT ESTELLE DAVIES 8827 MAY CT
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis					
DUE TO (c) 4200					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 Month, Day, Year a.m. p.m.					
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 October '62 to Feb 8, 1963 and last saw her/him alive on Feb 7, 1962 Death occurred at 2.00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph Ely M.D.			22b. ADDRESS 390 W. St. Anthony		22c. DATE SIGNED 2/8/63
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE 2-11-63	23c. NAME OF CEMETERY OR CREMATORY LAUREL HILL		23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
24. FUNERAL DIRECTOR KRIEGSHAUSER			ADDRESS 4228 S. KINGSHWY		25. DATE RECD. BY LOCAL REG. FEB 8 1963
26. REGISTRAR'S SIGNATURE Paul Smith M.D.					

USE BLACK INK OR TYPEWRITER RIBBON

64

DR. JOSEPH EFROM
398 ST. ANTHONY
FLORISSANT LA.
MO.

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 N. Longbeachway

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.