DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17140

FILED JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4618

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4453 Minnesota Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES B. B. MOUSSETTE 230

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October (Month) 18 (Day) 1864 (Year)

8. AGE: Years 75 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Dupo (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Moulder- Iron

11. Industry or business Retired 13yrs.

FATHER
12. Name John Moussette
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Adrienne Marshall
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Elsie Moussette
(b) Address 4453 Minnesota Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director J. H. Gebken Liv. & Und. Co.
(b) Address 2842 Meramec St.

19. (a) MAY 26 1940 (Date received local registrar) (b) J. F. Budnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1940 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from August 14th, 1935 to May 23rd, 1940 that I last saw him alive on May 23rd, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertrophy of the Heart	15 Year
Due to: Chronic Interstitial Nephritis	15 Year
Due to:	
Other conditions: Arteria Sclerosis Gangrene of Heart (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature William Baron (M. D. or other)
Address 3601 S. Jefferson Date signed 6/24/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

I X19311

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

Robert F. Gebken, Registered Apprentice No. 187

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. 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, above space should be left blank.