

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42939
File No. _____
Registered No. 12866
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 781
Township _____ Primary Registration District No. 1003
City St. Louis (No. 4418 Swan Ave)

2. FULL NAME

John F. Moustou
(a) Residence, No. 4418 Swan St., 18 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28-1852</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>5</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1931, to Dec 30, 1931. I last saw him alive on Oct 29, 1931. Death is said to have occurred on the date stated above, at 12:30 Am. The principal cause of death and related causes of importance were as follows:
chronic valvular heart disease
92A
97
92A
Other contributory causes of importance:
chronic arterio sclerosis
1930

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leure</u>
	13. NAME <u>David Moustou</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leure</u>
	15. MAIDEN NAME <u>Frank Baker</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leure</u>
	17. INFORMANT <u>George D. Moustou</u> (ADDRESS) <u>4418 Swan Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>Jan 1</u> , 1931	
19. UNDERTAKER <u>H. Ambrusch and Co</u> (ADDRESS) <u>4234 Manchester Ave</u>	
20. FILED <u>DEC 31 1931</u> 1931 <u>Wm V. Starnes</u> Registrar.	

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John D. Pae, M. D.
(Address) 1492 Woodmanor Ave

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.

WHITE COPY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

