

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

Do not use this space.

6179

**1. PLACE OF DEATH**

County..... Registration District No. 1791  
Township..... Primary Registration District No. 1003  
City..... (No. 8227 Alabama St. 1 Ward.)

File No. ....  
Registered No. 1205 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 8227 Alabama St. 1 Ward.

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Moushey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 9 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Albert Moushey 8227 Alabama

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive DATE Feb. 6 1932

19. UNDERTAKER (ADDRESS) J. P. Fisher 922 Michigan Ave

20. FILED 9-3-1932 W. C. Starkey Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3- 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-2- 1932 to 2-3-32, 1932. I last saw him alive on 2-2- 1932. Death is said

to have occurred on the date stated above, at 10:30 m. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 131  
930 131  
67  
Other contributory causes of importance Chronic Nephritis  
Debility - Senility ①

Name of operation..... Date of.....  
What test confirmed diagnosis? Autopsy 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) W. C. Starkey M. D.  
(Address) 5417 The Grand Blvd.

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.

