DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39592

State File No.

DEC 20 1940

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 193

1. PLACE OF DEATH:

(a) County St. Charles

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Florissant,
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Gustkowsti,

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 15, 1918.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
22	3	25	hr. min.

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

10. Usual occupation Religious (Brother) 1

11. Industry or business Jesuit Order 1

FATHER
12. Name Peter Gustkowsti 1
13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Cusowski
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Bro. Jennings
(b) Address Florissant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12/40.
(Month) (Day) (Year)
(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark,
(b) Address 1125 Hodiamont Ave.

19. (a) 11/11/40 (Date received local registrar) (b) Clarence D. Wessler (Registrar's signature) (D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1940 hour 7.00 minute P.M.

21. I hereby certify that I attended the deceased from Nov 5, 1940, to Nov 10, 1940, that I last saw him alive on Nov 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Septicemia	
Due to Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Prolapse of Rectum	
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? 179

(e) While at work? (Specify type of place) (f) Means of injury

23. Signature Jos. L. Freund (M. D. or other)

Address 6651 Enright. Date signed 11-11-40

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. L.L.Gross
6651 Enright
3.00 P.M.
Ca. 3924.

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Jos. W. Cook

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiamont Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.