WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18509

Township ..... Primary Registration District No. 1003 Registered No. 4862

City St. Louis (No. Mullanphy Hospital St. ..... Ward)

2. FULL NAME Theodore A. Jostedt

(a) Residence. No. 3815 Ashland A St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF: Catherine Jostedt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4 - 1882

7. AGE: Years 45 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: General manager
(b) General nature of industry, business, or establishment in which employed (or employer): Butchers Supplies
(c) Name of employer: Harry L. Hussman Co

9. BIRTHPLACE (CITY OR TOWN): Chicago
(STATE OR COUNTRY): Ills.

PARENTS
10. NAME OF FATHER: Olof Jostedt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden
12. MAIDEN NAME OF MOTHER: Christine Caza
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Canada

14. INFORMANT: Catherine Jostedt
(Address) 3815 Ashland A

15. FILED MAY - 1 1923, 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 2 1928

17. I HEREBY CERTIFY, That I attended deceased from April 24th, 1928, to May 2nd, 1928, that I last saw h[illegible] alive on May 2nd, 1928, and that death occurred, on the date stated above, at 3:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction & Cholicystitis: Gall Stone,
124
1228
1210 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Peritonitis
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 123

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 26th

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Fred F. Geller, M. D
5/2, 1928 (Address) 2702 N. Grand Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery | DATE OF BURIAL: May 5 1928

20. UNDERTAKER: Cullmane Bros 1710 N Grand Ave | ADDRESS