FEB 27 1929

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

Do not use this space.

3291

1. PLACE OF DEATH
County: St. Louis — Registration District No. 784 — File No.
Township: Ferdinand — Primary Registration District No. 6030 — Registered No.
City — (No. Rt. 35, Florissant, Mo. St. Ward)

2. FULL NAME: Casper Jost, Jr.
(a) Residence. No. Florissant, Mo. St., Ward.
(Usual place of abode) (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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Jost

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 11—1858

7. AGE: Years 70 — Months 6 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Black Jack, Mo.

PARENTS
10. NAME OF FATHER: Conrad Jost
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY):

14. INFORMANT (Address): Casper Jost, Jr. Florissant, Mo.

15. FILED 1-21, 1929 — O. Schuster, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 20 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to Jan 20, 1929, that I last saw him alive on Jan 20, 1929, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

9 MA (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 90 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Millmann, M.D.
1-21, 1929 (Address) Florissant, Mo.

*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: Black Jack, Mo. — DATE OF BURIAL: Jan 23 1929

20. UNDERTAKER: Aaron L. Ucci — ADDRESS: 2707 N. Grand

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.