

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**
 Township _____ Primary Registration District No. **1003**
 City **St Louis** No. **St Anthony Hospital**

File No. _____
 Registered No. **11887**
 St. _____ Ward **3010**

2. FULL NAME

(a) Residence, No. **3420** **St Louis** St. **16** Ward.

Length of residence in city or town where death occurred **73** 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **about 1860**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
about	73	Unknown		

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **musician**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) **Missouri**

FATHER 13. NAME **John E. Jost**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **George Jost**
 (ADDRESS) **3420 St Louis**

18. BURIAL CREMATION, OR REMOVAL PLACE **New Picher** DATE **Mar 28. 33**

19. UNDERTAKER **Wm E. Moyall**
 (ADDRESS) **1946**

20. FILED **MAR 30 1933** **Wm C. Standley**
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 28, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **3/27/33**, 19... to **3/28/33**, 19...

I last saw him alive on **3/27**, 19**33**. Death is said to have occurred on the date stated above, at **4 a.** m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
486
90
108
 Date of onset **3/24/33**

Other contributory causes of importance:
John myocarditis
Hypertension

Name of operation **none** Date of _____

What test confirmed diagnosis? **Clinical Lab.** 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) **Wm E. Moyall** M.D.
 (Address) **15417 Grand Blvd**

