

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

Dr. Arthur Westrupp

Do not use this space.

27536

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves

Registration District No. 788
Primary Registration District No. 2471
(No. 619 West Lockwood Ave)

File No.
Registered No. 92
St. Ward)

2. FULL NAME Robert G. Yost

(a) Residence, No. 619 West Lockwood Ave St. 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

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 Grovena Yost

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11th 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>47</u>	<u>9</u>	<u>9</u>	<u>27</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

13. NAME Casper S. Yost

14. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Mo

15. MAIDEN NAME Anna Parrot

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

17. INFORMANT Grovena Yost (ADDRESS) 619 West Lockwood Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE August 10th, 1933

19. UNDERTAKER Robert J. Lumbuster (ADDRESS) 6633 Clayton Rf.

20. FILED 9 Nov 1933 Dr. A. W. Westrupp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12 - 1932 to August 8th, 1933
I last saw him alive on August 7th, 1933 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Carcinoma Liver
4 1/2

Date of onset 7-12-32

Other contributory causes of importance:

Name of operation Exploratory abd Date of Apr 22
What test confirmed diagnosis? Operation 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) Paul Vinyard, M. D.
(Address) 3718 Olive St. St. Louis Mo

