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

1. Do not use this space.

17452

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 17452

Township ..... Primary Registration District No. 1002 Registered No. 5232

City St. Louis (No. 4276, Washington St. ..... Ward)

2. FULL NAME Nicholas B. Jokerst

(a) Residence, No. 4276 Washington St., 19 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5-1872

7. AGE: Years 63 Months 6 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) Ste Genevieve Missouri

FATHER
13. NAME Leon Jokerst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Missouri

MOTHER
15. MAIDEN NAME Rosine (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Missouri

17. INFORMANT (ADDRESS) Jerald Jokerst 4276 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE April 18, 1936

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive St

20. FILED APR 17 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1936, to April 16, 1936

I last saw him alive on April 16, 1936. Death is said to have occurred on the date stated above, at 8 00 a.m.

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

Myocarditis chr. — Date of onset: Indefinite

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Other contributory causes of importance:
Nephritis chr interstitial
Hypertrophy of prostate

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Roland Stieffer, M. D.
(Address) 4500 Olive

LISTE