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.

JAN 10 1937

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

Do not use this space.

46886

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis, Mo. (No. De Paul Hospital St. ..... Ward)

File No. ..... Registered No. 12708

2. FULL NAME I da Jost

(a) Residence, No. 738 Yale Ave. St., n R Ward. U. City, Mo.
(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: Female
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) Oct. 20th. 1870

7. AGE: 66 YEARS, MONTHS: 2, DAYS: 5 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) St. Louis, Mo.

FATHER

13. NAME Adam Jost
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Margaret Gotschammer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Herman Schaefer 738 Yale Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem DATE 12-28-36, 19

19. UNDERTAKER (ADDRESS) Henry Ludner Und. 1417 N. Market St.

20. FILED DEC 27 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24th. 36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936 to Dec 24, 1936

I last saw here alive on Dec 24, 1936 Death is said to have occurred on the date stated above, at 4:25 P.m.

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

	Date of onset
uremia	2 da.

133a

Other contributory causes of importance:

peri nephritic abscess	3 wks
pyonephrosis, non calculous. Peri nephritis abscess due to inflammation of kidney	3 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? lab Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Arthur Lindloer M. D.

(Address) 2702 University St.