

FEB 12 1938

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

478
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4160 Bates** St. **1**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Jacob Joos 2.00**

(a) Residence, No. **4160 Bates** St. **1** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Clara Joos**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 13, 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 9 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Prison Guard**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **Jan 6, 1938** 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **Julius Joos**

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

MOTHER 15. MAIDEN NAME **Elize Neumeister**

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

17. INFORMANT (ADDRESS) **Clara Joos 4160 Bates St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **1-11-38**

19. FUNERAL DIRECTOR (ADDRESS) **Oscar J. Hoffmeister 4016 Chippewa St**

20. FILED **JAN 11 1938 J. P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 9 1938**

22. I HEREBY CERTIFY, that I attended deceased from **Jan 6 1938** to **Jan 9 1938**
I first saw him alive on **Jan 8 1938** Death is said to have occurred on the date stated above, at **1230 a.m.**

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

Bilateral Broncho-Pneumonia Date of onset **13 days**

Other contributory causes of importance:
Chronic Myocarditis 2 yrs
Bronchial Asthma 10 yrs

Name of operation..... Date of.....
What test confirmed diagnosis **Autopsy** 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) **J. P. Keim** M. D.
(Address) **2730 McNAIR AVE**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. No cause of death should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leubinger, Licensed Embalmer No. 3888

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Edwin H. Leubinger

Licensed Embalmer No. 3888

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)