REC'D JUL 12 1938

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

20263

Do not use this space.

791

1. PLACE OF DEATH
   (a) County
   (b) Township
   (c) City St. Louis
   (d) Street No. Park Lane Memorial Hospital St.
   (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.

Registration District No. 1003
Primary Registration District No.
Registered No. 5402

2. PRINT FULL NAME Edwin F. Jokisch 220
   (a) Residence, No. 4719a Pennsylvania Ave. St. 15
   (Usual place of abode, if no street address, write county or city) (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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25-1882

7. AGE: YEARS 55 | MONTHS 9 | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping Clerk
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Memphis Illinois

FATHER
13. NAME Frank Jokisch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Amelia Jokisch 4719a Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope-Cemetery DATE June, 15- 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED JUN 15 1938 19 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 13th. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938 to June 13, 1938
I last saw him alive on June 13, 1938. Death is said to have occurred on the date stated above, at 2.45 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Peritonitis

Other contributory causes of importance:

Perforated appendix

Name of operation [illegible] Date of June 8, 1938
What test confirmed diagnosis? Phys. Lab. Test 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?
If so, specify
(Signed) [illegible], M. D.
(Address) 4930 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Robert C Wheeler, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis

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

If this body is not embalmed, above space should be left blank.