

REC'D APR 12 1939

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

8678
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No.....
(b) Township..... / Primary Registration District No..... Registered No. **2443**
(c) City St. Louis (d) Street No. Christian 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.

2. PRINT FULL NAME

²³⁰ Charles C. Jost
(a) Residence, No. 3517 Clay Ave. St. 10
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Jost</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 17th, 1863</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Auto Worker</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</u>		
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) <u>Illinois</u>		
13. NAME <u>John Jost</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Louise Jost</u> <u>3517 Clay Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem Cemetery</u> DATE <u>Mar. 16th, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Drehmann Funeral</u> <u>1905 Union Blvd.</u>		
20. FILED <u>MAR 14 1939</u> <u>J. D. Brudick</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1939, to Mar. 25, 1939.
I last saw him alive on Mar. 13th, 1939 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Peritonitis
Date of onset 3/11/39

Other contributory causes of importance:
Prostate Carcinoma 3/1/38
Cystitis of Urinary Bladder 3/11/39

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Edwin J. Brudick, M.D.
(Address) 3635 Parkhurst Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 13 1942

JAN 22 1942

3635
9-10
1-3
M. H. H. H. H. H.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address.....

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.