

JUL 13 1939

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

22438  
Do not use this space.

1. PLACE OF DEATH

(a) County JEFFERSON Registration District No. 425  
(b) Township MERAMEC Primary Registration District No. 5580  
(c) City ..... (d) Street No. ST. JOSEPH'S HILL INFIRMARY 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. 3 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME VICTOR JOHN KOST

(a) Residence, No. 9918 LILIAN AVE., CARSONVILLE, MO. St.  (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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF ANNIE ANASTAS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 / 14 / 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 9 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. COOK  
9. Industry or business in which work was done, as saw mill, bank, etc. RESTAURANTS  
10. Date deceased last worked at this occupation (month and year) 1/2  
11. Total time (years) spent in this occupation 20 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALBANIA

13. NAME JOHN KOST  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALBANIA

15. MAIDEN NAME THENIA  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALBANIA

17. INFORMANT ST. JOSEPH'S HILL INFIRMARY  
(ADDRESS) Brother Conventual, O.S.F.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATHEWS DATE 6-24-39

19. FUNERAL DIRECTOR (NAME) Cullen + Kelly  
(ADDRESS) 7267 North Bridge

20. FILED 22 Jun 39 James A. Swensen  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-1939

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to June 21, 1939  
I last saw him alive on June 21, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach

Other contributory causes of importance: Hb

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? No  
If so, specify Jesse S. Sargent, M. D.  
(Signed) Jesse S. Sargent

(Address) Cureka, Mo

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.

**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 *Clement McHenry*

Licensed Embalmer No. *3732*

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.**