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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 998

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 998

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis (If outside city or town limits write "RURAL")

(d) Street No. 8409 Polk St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Jost 230

3. (b) If veteran, name war

3. (c) Social Security No. 492-03-7787

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche Jost

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased December (Month) 1st (Day) 1878 (Year)

8. AGE: Years 61 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith 6

11. Industry or business Laclede Gas Co 6

FATHER 12. Name Jacob Jost 9

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Blanche Jost

(b) Address 8409 Polk St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1. 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Ind. Embalming

(b) Address 5401 S. Grand Blvd.

19. (a) JAN 31 1940 (Date received local registrar) (b) J. D. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28, year 1940 hour 8:35 minute P. M.

21. I hereby certify that I attended the deceased from January 8, 1940 to January 28, 1940; that I last saw him alive on January 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy

Due to Hypertension

Due to Pulmonary Emphysema

Other conditions Non tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature C. J. Doerr (M. D. or other)

Address 1515 Lafayette, Date signed 1/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edward H Bockhorst, Registered Apprentice No.....,

working under my personal supervision.

Signed Edward H Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Mo

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.