

No. 2
-10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16129

State File No. _____

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 723

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7726 Cornell. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Harry Louis Jost. 230

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male.

5. Color or race White.

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

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

6. (c) Age of husband or wife if alive 40. years

7. Birth date of deceased Jan'y 1st, 1886.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>54.</u>	<u>3.</u>	<u>11.</u>	hr. min.
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9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate. 0

11. Industry or business Jost Realty Co. 0

MOTHER FATHER

12. Name Louis Jost. 0

13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Winkenhower.

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Milton A. Jost.

(b) Address 3858 Bamberger Ave.

17. (a) Burial. (b) Date thereof 4-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 12#7033 Delmar Bl'vd.

19. (a) APR 12 1940 (b) DR. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,

(c) City or town University City,
(If outside city or town limits, write "RURAL")

(d) Street No. 7726 Cornell Ave.,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by liquid poison 4/12/40
Duration

Due to Potassium cyanide

Due to _____

Other conditions 163
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 suicide 4/12/40

(b) Date of occurrence University City, Mo.

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

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

While at work? no (Specify type of place) suicide
(e) Means of injury

23. Signature John St. Louis (M. D. or other) 4/12/40

Address Corone of St. Louis Co. Date signed _____

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

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.)

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