DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19526

Registration District No. 784 | Primary Registration District No. 200 | Registrar's No. 886

6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: .....

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

(d) Street No.: 1825 West Main St.
(If rural, give location)

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

3. (a) PRINT FULL NAME: James Edward Jost 230

3. (b) If veteran, name war: No.

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: Hattie B. Jost

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Oct. (Month) 13 (Day) 1873 (Year)

8. AGE: Years 66 | Months 6 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace: Gasconade Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Physcian

11. Industry or business: .....

MOTHER FATHER

12. Name: William Jost

13. Birthplace: ..... (City, town, or county) England (State or foreign country)

14. Maiden name: Sarah Scott

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

16. (a) Informant's own signature: Mrs. P. C. Martin

(b) Address: 6169 Pershing

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Jefferson City, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Ave.

19. (a) MAY 7 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1st, 1940, to May 6, 1940; that I last saw him alive on May 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
46	
Due to	
Other conditions (Include pregnancy within 3 months of death): Nephritis Chronic	

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 (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? 707 (Specify type of place)

While at work? ..... (e) Means of injury: .....

23. Signature: R. W. Jansen (M. D. ~~or other~~)

Address: Manchester, Mo. Date signed: 5/6/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

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 Albert N. Happe

Licensed Embalmer No. 1861

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19326

Registration District No. 784 Primary Registration District No. Jov Registrar's No. 886

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home. 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1825 West Main St.
(If rural, give location)

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

3. (a) PRINT FULL NAME James Edward ~~Jost~~ Jose 230

3. (b) If veteran, name war No.

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 Hattie B. ~~Jost~~ Jose

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct. (Month) 13 (Day) 1873 (Year)

8. AGE: Years 66 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Gasconade Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Physcian 4

11. Industry or business 4

FATHER
12. Name William ~~Jost~~ Jose
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Sarah Scott
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature Mrs. P. C. Martin
(b) Address 6169 Pershing

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAY 7 - 1940 (Date received local registrar) (b) D R Meyer M D Dep H (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1st, 1940, to May 6, 1940 that I last saw him alive on May 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to 46

Other conditions Nephrotis Chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Items #3a, 6b & 12 corr. by aff. from
Of a topsy Informant - 2-18-75

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?
707 (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Jansen (M. D.)
Address Manchester, Mo Date signed 5/6/40