

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 132

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Near Farmington
(c) Name of hospital or institution: State Hospital No. 4
(d) Length of stay: In hospital or institution 14 days
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve
(c) City or town Ste. Genevieve
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Francis Jokerst
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased January 7, 1919

8. AGE: Years 21 Months 5 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Ste. Genevieve Missouri

10. Usual occupation Butcher

11. Industry or business _____

MOTHER FATHER { 12. Name Ray Jokerst
13. Birthplace Ste. Genevieve Missouri
14. Maiden name Myrtle Helen Shaw
15. Birthplace Ste. Genevieve Missouri

16. (a) Informant Records of State Hospt. #4
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof June 30, 1940
(c) Place: burial or cremation Ste. Genevieve Mo

18. (a) Signature of funeral director W. C. Bagley
(b) Address Ste. Genevieve Mo

19. (a) July 8-40 (b) W. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1940 hour 10 minute 47 P. M.

21. I hereby certify that I attended the deceased from June 14-40
6-28-40 1940 to June 28-40, 1940;
that I last saw him alive on June 27-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Supplications of Central nervous system Duration _____

Due to Diagnosis on 4+ years of spinal fluid & histologic evidence of cerebral tumor
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations no 34
Of autopsy no

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

23. Signature W. J. Robinson (Specify type of place) _____
Address St. Genevieve Mo (e) Means of injury _____
Date signed _____

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

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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.....

Leac Basler

....., Registered Apprentice No.

working under my personal supervision.

Signed

Leac Basler

Licensed Embalmer No. 1985

P. O. Address 1111 Semmes Dr

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.