

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28120
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Primary Registration District No. 3008 Registered No. 196
(c) City Fulton (d) Street No. State Hospital no 1 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Hostkins

(a) Residence, No. 1706 N. Pearl St. St. Louis Mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Nellie Hostkins (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1882

7. AGE YEARS 58- MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Upshelterer
9. Industry or business in which work was done, as saw mill, bank, etc. No Social Security
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) Columbus (STATE OR COUNTRY) Miss

13. NAME James Hostkins

14. BIRTHPLACE (CITY OR TOWN) Columbus (STATE OR COUNTRY) Miss

15. MAIDEN NAME Nellie Brothers

16. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY)

17. INFORMANT Mrs Nellie Hostkins (ADDRESS) St. Louis Mo 1706 N. Pearl St

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE Aug 7th 1940

19. FUNERAL DIRECTOR (NAME) Wales Chas J. Jernard (ADDRESS) 4107 Family ave St Louis Mo

20. FILED Aug 4 1940 R. N. Crewe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1940

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1940, to Aug 3, 1940. I last saw him alive on Aug 3, 1940. Death is said to have occurred on the date stated above, at 9:30 PM. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: Dementia Paralytica

Name of operation none 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 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? If so, specify Gornat Thomas (Signed) 106 (Address) State Hospital no 1 M. D.

Fulton Mo

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.

Social Security No - none

Aug 4

1953

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.....

James L. Johnson
working under my personal supervision.

....., Registered Apprentice No.....

Signed *James L. Johnson*
Licensed Embalmer No. *3522*

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.