

No. 2
4-13-40
5-17-39
P-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19768

State File No.

4580

FILED JUL 21 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Jewish Hospital
(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 Casper S. Yost Sr.

3. (b) If veteran, name war.....

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 Anna Parrot Yost

6. (c) Age of husband or wife if alive 21 1/2 years

7. Birth date of deceased July 1st 1864
(Month) (Day) (Year)

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

76 10 29 hr. min.

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

10. Usual occupation Editor

11. Industry or business Globe-Democrat

MOTHER FATHER { 12. Name George C. Yost

{ 13. Birthplace Franklin Co. Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah E. Morris

{ 15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Casper Yost Jr.

(b) Address 7398 Norwood

17. (a) Burial (b) Date thereof 6/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) JUN 1 - 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1900 West Pine
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1941 hour 5.48 minute A M.

21. I hereby certify that I attended the deceased from 5/22/41, 19... to 5/30/41, 19...
that I last saw him alive on 5/29/41, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy [Signature]

Duration

today

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 S

23. Signature [Signature] (M. D. or other)
Address 1500 Olive St. Date signed 6/1/41

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

9770

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.....

Robert L. Lewis

Licensed Embalmer No.....

1994

P. O. Address.....

St. Louis

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, fact should be so stated above.