

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **8219^a Alabama**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 yrs.**
In this community **35 yrs.**
years, months or days

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. **8219^a Alabama**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **George R. Jost**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **20**
year **1941** hour **1** minute **PM** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ruth Jost**
6. (c) Age of husband or wife if alive **48** years

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.

7. Birth date of deceased **February 10 1898**
(Month) (Day) (Year)
8. AGE: Years **43** Months **8** Days **10**
If less than one day _____ hr. _____ min.

Immediate cause of death **Removal of a bullet wound of the chest and the side of the head self-inflicted at his home in October**
Due to **20 1941 about 12:30 pm**
Due to _____

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **Insurance Broker**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations **Koff**
Of autopsy **107**

MOTHER FATHER { 11. Industry or business **Self**
12. Name **Gustav R. Jost**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country) **Frieda Weiss**
14. Maiden name **Germany**
15. Birthplace (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Ruth Jost**
(b) Address **8219^a Alabama ave.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **10-20-41**
(c) Where did injury occur? **at home**
(City or town) (County) (State)

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 23, 1941**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Trinity Luth. Cemetery**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1 home**
(Specify type of place)
While at work? _____ (e) Means of injury **Shot**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**
(b) Address **7814 S. Broadway**

23. Signature **Paul Perry** (M.D. or other)
Address _____ Date signed **10/22/41**

19. (a) **OCT 22 1941**
(Date received local registrar) (Registrar's signature) **J. F. Bredet**

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..... *Albert G. Gloppe*

Licensed Embalmer No: *2971*

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, fact should be so stated above.