V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4525

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1278

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: 4058 HOLLY HILLS BLVD
(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 MO (b) County 1000

(c) City or town ST. LOUIS. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4058 HOLLY HILLS BLVD. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWARD JOOS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race white

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Oct 5 (Month) (Day) 1851 (Year)

8. AGE: Years 60 Months 4 Days 4 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation FOREMAN

11. Industry or business CITY STREET DEPT

FATHER
12. Name JULIUS JOOS
13. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ELISA NEUMEISTER
15. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant Mary Joos
(b) Address 4058 Holly Hills

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 12 42 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS CEM

18. (a) Signature of funeral director J. B. Fredler Jr
(b) Address 7128 MICHIGAN

19. (a) FEB 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th year 1942 hour 8 45 minute P. M.

21. I hereby certify that I attended the deceased from December 15th, 1941, to February 9th, 1942 that I last saw him alive on February 9th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Regurgitation Heart	5 yrs.
Due to Hypertension	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Albert Beisbarth (M. D. or other) MD

Address 3548 S. Grand Bl Date signed 2/9-42

(Licensed Embalmer's Statement on Reverse Side)

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 D. P. Fredler Jr.

Licensed Embalmer No. 925

P. O. Address ST LOUIS MO.

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.