V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 416

Registrar's No. 628

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis 7

(c) City or town Webster Groves 4 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Glen Oak
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Jokerst, Mary Leona

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem.

5. Color or race W 1

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife James D. Jokerst

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

7. Birth date of deceased April (Month) 13, (Day) 1899 (Year)

8. AGE: Years 43 Months 9 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward Hilke
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mathilda Mahr
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant J. D. Jokerst (husband)
(b) Address 7 Glen Oak Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester Ave.

19. (a) JAN 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1943 hour 11 minute 050 M.

21. I hereby certify that I attended the deceased from 1-14-43, 19, to 1-19-43 19;
that I last saw her alive on 1-19, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease Mitral stenosis — Duration for years?

Due to

Due to

Other conditions — (Include pregnancy within 3 months of death)

Major findings: —
Of operations

Of autopsy none

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 John J Hammond (M. D. or other) M.D.
Address 634 N Grand Date signed 1/21/43

(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 G. W. Wilkinson

Licensed Embalmer No. 3575

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.