

FILED
MAR 15 1943

Registration District No. **318** Primary Registration District No. **1005** Registrar's No. **2120**

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(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:
DePaul Hosp.
(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 Myrtle L Jokerst

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased July 22 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>7</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Ste Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Registered Nurse

11. Industry or business _____

12. Name Charles C Jokerst

13. Birthplace Ste. Genevieve Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Jokerst
(b) Address Ste Genevieve, Mo.

17. (a) Burial (b) Date thereof 3/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve, Mo.

18. (a) Signature of funeral director Louis H. Buppard
(b) Address Kirkwood, Mo

19. (a) MAR 5 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5051 Terry Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1943 hour 12:30 PM 12 M.

21. I hereby certify that I attended the deceased from Dec 4, 1942 to Feb 26, 1943
that I last saw her alive on Feb 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage 57 min.

Due to _____

Hypertension 8 yrs.

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. B. J. [unclear] (M. D. or other) MD
Address 441 Hammond Rd Date signed 3/7/43

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

MOTHER FATHER

MAR 29 1945

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 John M. Meyer
Licensed Embalmer No. 5285
P. O. Address Kirkwood, 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.