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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 4375

Registrar's No. 2149

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

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: De Paul Hosp. 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Mo. (b) County 12 9 23

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

(d) Street No. 2714 S. 10th. St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Jost

3. (b) If veteran, name war No

3. (c) Social Security 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 60 years

7. Birth date of deceased March (Month) 12 (Day) 1864 (Year)

8. AGE: Years 78 Months 11 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business

MOTHER FATHER

12. Name UnKnown

13. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

14. Maiden name UnKnown

15. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

16. (a) Informant Mrs. Mary Jost

(b) Address 2714 S. 10th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 5 year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of the Brain Duration

Pulmonary Embolism When he was struck by a automobile

Due to Driven by One Austin Romich at the Intersection of 9th Geyer

Due to Ave 1-27-43 about 7:50 am

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings:
Of operation 0

Of autopsy Pending

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1-27-43

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature Thomas F. Calla (M.D. or other)

Address Deputy Coroner Date signed 3-5-43

(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 Clarence Kochou, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Kochou

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.