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STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 474

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 738 Yale Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ ? (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 738 Yale 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 23  
year 1943 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from February 19, 1943 to February 23, 1943  
that I last saw her alive on February 22, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia 2 yrs.

Due to Swollen of spleen - 2 yrs.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 74a  
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 John S. ... (M. D. or other) M.D.

Address 2202 University St. Date signed 2-23-43

3. (a) PRINT FULL NAME Anna S. Jost

3. (b) If veteran, name war No 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 August 11, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 6 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Adam Jost

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

14. Maiden name Margaret Gottschammer

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

16. (a) Informant Mr. H. L. Schaefer

(b) Address 738 Yale Ave.

17. (a) Burial (b) Date thereof Feb. 25, 1943.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Methodist Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home

(b) Address 4828 Natural Bridge

19. (a) FEB 24 1943 (b) John S. ... (Registrar's signature)

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

No. 2  
5-42  
5-17-38  
X13872

5106

**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.....

*John A. Mlinar*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *John A. Mlinar*.....

Licensed Embalmer No. *4186*.....

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.**