

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **43184**
Registrar's No. **11977**

FILED JAN 9 1948
Registration District No. **318**

Primary Registration District No.

WRITE PLAINLY—USING 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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **3 Days**
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

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

(d) Street No. **4247 Flora Place**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Louis Henry Jostes Jr**

3. (b) If veteran, name war..... *********

3. (c) Social Security No. **49.5-14-6060**

4. Sex..... **Male**

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..... **June 15th, 1919**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	28	6	15 hr. min.

9. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Clerk**

11. Industry or business..... **Grocery Store**

12. Name..... **Louis H. Jostes Sr**

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

14. Maiden name..... **Emma Ziegenhein**

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

16. (a) Informant..... **Louis H. Jostes**

(b) Address..... **4247 Flora Place**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **12-31-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Cemetery**

18. (a) Signature of funeral director..... **Ziegenhein Ben**

(b) Address..... **6409 Gravois Ave**

19. (a) **DEC 30 1947** (Date received local registrar) (b) **J. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **30th** day..... **December** year..... **1947** hour..... **4:00** minute..... **20** A. M.

21. I hereby certify that I attended the deceased from..... **Dec. 28** 19**47** to..... **Dec. 30** 19**47** that I last saw him..... alive on..... **Dec. 30** 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death..... **Encephalitis, meningitis**

Due to..... **Post-influenzal?**

Due to.....

Other conditions..... **Bronchopneumonia**
(Include pregnancy within 3 months of death)

Major findings: **Special puncture - Increased pressure and cell count.**

Of autopsy..... **None obtained**

PHYSICIAN
Underline the cause of 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..... **St. Wayne C. ...** (M. D. or other).....

Address..... **3606 Gravois** Date signed..... **12-30-47**

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..... *Homer W. Fritz*

Licensed Embalmer No. *3882*

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.