. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2135

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1911 No. 4th St. (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Charles
(c) City or town St. Charles (If outside city or town limits, write "RURAL")
(d) Street No. 1911 No. 4th St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ERWIN F. JOST
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec. (Month) 17 (Day) 1864 (Year)

8. AGE: Years 83 Months 0 Days 16 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Retired 20 Yrs.
11. Industry or business
FATHER
12. Name Nichols Jost
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Susanna Roeder
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Ida Jost
(b) Address 1911 No. 4th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 1-15-48 (Date received local registrar) (b) Hannie Hannelin (Registrar's signature) 944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1948 hour 10:30 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 3 1948; that I last saw him alive on Jan 3 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral embolism	3 days
Due to mural thrombus l. ventricle	4 wks
Due to coronary thrombosis	4 wks
Other conditions generalized arteriosclerosis (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations 944
Of autopsy

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? Means of injury
23. Signature Ira L. Faith Jr. (M. D. or other) MD
Address St Charles Mo. Date signed 1/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Number 1/23/48
Date Filed

DEC 12 1950

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.