

Registration District No. 310

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution newborn
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 609
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3723 Olive St.,
(If rural, give location) 0
(e) Citizen of foreign country? no
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BABY BOY JOBST

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced single 0

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

7. Birth date of deceased June 24th, 1948
(Month) (Day) (Year)

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

9. Birthplace St. Louis City Hospital 0
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Lloyd Jobst

13. Birthplace Minn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Borgeman

15. Birthplace St. Louis, Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital

17. (a) Anatomical Board (b) Date thereof JUL 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board
Rowland Mortuary Service

18. (a) Signature of funeral director 4104 Manchester Ave.
(b) Address

19. (a) JUL 31 1948 (b) J.F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1948 hour 10 minute A M.

21. I hereby certify that I attended the deceased from June 24th 1948
to June 25th 1948
that I last saw him alive on June 25th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Duration _____

Due to _____
Due to _____
15 1/2

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

Major findings: _____
Of operations _____

Of autopsy Atelectasis, lungs
Primary subarachnoid hemorrhage

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 0

23. Signature V.H. Paden, M.D. (M. D. or other)
1515 Lafayette 6/25/48
Address Date signed 7-9-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.