

No. 300
10-48

GT # 2492-656
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Reg # 0557019

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35749

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2416

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO.	c. LENGTH OF STAY (in this place) 110 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY, MO. 4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL		d. STREET ADDRESS (If rural, give location) 710 Leland Ave.,	

3. NAME OF DECEASED (Type or Print) RICHARD H. JAGUST			4. DATE OF DEATH (Month) (Day) (Year) 10 9 50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 7-17-25	9. AGE (In years last birthday) 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Isidore Jagust	13b. MOTHER'S MAIDEN NAME Jeanette Shapiro	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO. 48820 5522	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3yrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BANTI SYNDROME		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		2980
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 9-29-50	19b. MAJOR FINDINGS OF OPERATION Portal Caval Shunt	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-23-50**, 19____, to **10-9-50**, 19____, and that death occurred at **1:45A** m., from the causes and on the date stated above.

23a. SIGNATURE R. B. Caldwell (Degree or title) M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.	23c. DATE SIGNED 10-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-10-50	24c. NAME OF CEMETERY OR CREMATORY CHESED SHEL EMETH
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL OCT 9 1950	REGISTRAR'S SIGNATURE W. R. Danke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE RINDSKOPF, INC. ADDRESS 5216 Delmar, St. Louis, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

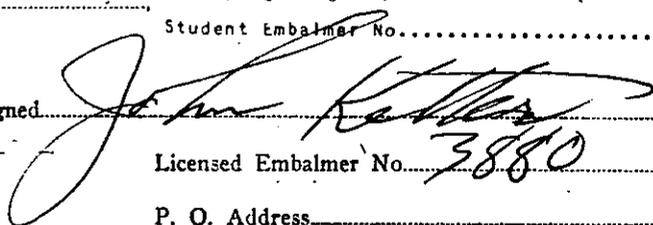
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 3880

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.