No. 300 10-48

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BIRTH NO. 98940

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11419

REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 6076 Registrar's No. 91

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS
c. LENGTH OF STAY (in this place): 18 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 19 ST. LOUIS 2199
d. STREET ADDRESS (If rural, give location): 4233 MARYLAND AVENUE 1

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) A c. (Last) JOST

4. DATE OF DEATH (Month) (Day) (Year) 1-11-52

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1

8. DATE OF BIRTH 8-15-02

9. AGE (In years last birthday) 49 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK

10b. KIND OF BUSINESS OR INDUSTRY - - - - - - -

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN A. JOST

13b. MOTHER'S MAIDEN NAME ELIZABETH ROTTHEIM

14. NAME OF HUSBAND OR WIFE CATHERINE JOST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS VA HOSPITAL RECORDS, JEFFERSON BARRACKS, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CEREBRAL THROMBOSIS
DUE TO (c) CEREBRAL ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION - - - - - -

19b. MAJOR FINDINGS OF OPERATION - - - - - - 334X - -

20. AUTOPSY? YES [X] NO [ ]

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 - - - m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? - - - - -

22. *I hereby certify that I attended the deceased from* 12-24-51, 19__, *to* 1-11-52, 19__, ~~that I last saw the deceased alive on~~ XXXXXXXXXXXXXXX *and that death occurred at* 11:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE N. A. Zeller (Degree or title) MD 0

23b. ADDRESS VAH JEFFERSON BARRACKS, MO.

23c. DATE SIGNED 1-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 170

24b. DATE Jan.15,1952

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. 1-14-52

REGISTRAR'S SIGNATURE Hubert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa, St. Louis, Mo.

SW (Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.