

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18930**

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1343**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Riverview Gardens Mo.** c. LENGTH OF STAY (In this place) **6 years**

d. FULL NAME OF HOSPITAL OR INSTITUTION: **356 Midridge Drive**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis 15, Riverview Gardens**

d. STREET ADDRESS (If rural, give location) **356 Midridge Drive 4018**

3. NAME OF DECEASED
a. (First) **George** b. (Middle) **E.** c. (Last) **Jost**

4. DATE OF DEATH (Month) (Day) (Year)
May 22, 1952

5. SEX **Male**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH
Sept. 12, 1888

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.
63 1/2 Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY
Stove Mounter

11. BIRTHPLACE (State or foreign country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
John B. Jost

13b. MOTHER'S MAIDEN NAME
Anna Rodke

14. NAME OF HUSBAND OR WIFE
Mrs. Maude Jost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
None

16. SOCIAL SECURITY NO.
481-22-7608

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Maud Jost, 356 Midridge Drive

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary of Semic**

INTERVAL BETWEEN ONSET AND DEATH
5 yrs

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

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
5810

20. AUTOPSY?
YES 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) (Min.)

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 **March 11, 1952**, to **May 22, 1952**, that I last saw the deceased alive on **March 11, 1952**, and that death occurred at **12:40A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John P. Morris M.D.

23b. ADDRESS
820 9th Broadway

23c. DATE SIGNED
5/23/52

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

24b. DATE
5-24-1952

24c. NAME OF CEMETERY OR CREMATORY
New St. Marcus Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis, County Mo.

DATE REC'D BY LOCAL REG.
5-23-52

REGISTRAR'S SIGNATURE
Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Math Hermann & Son Inc. 2161 E. Fair Ave.

WRITE PLAINLY—USING UNFADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harold H. Bunsley*.....

Licensed Embalmer No. *42020*.....

P. O. Address *H. Bunsley*.....

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.