

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33089

State File No.

8410

FILED SEP 25 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2159	
c. LENGTH OF STAY (in this place) 2y, 10m.		d. STREET ADDRESS (If rural, give location) 3135a Mt. Pleasant St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Infirmary			
3. NAME OF DECEASED a. (First) William (Type or Print)		b. (Middle) J. c. (Last) Jost.	
4. DATE OF DEATH Sept. 5, 1952			
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 12, 1871
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Retired 12 Yrs.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lorenz Jost		13b. MOTHER'S MAIDEN NAME Bertha Erth	
14. NAME OF HUSBAND OR WIFE Rose Jost.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records,		ADDRESS 5800 Arsenal St.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES DUE TO (b) Mitral Insufficiency. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from Nov. 10, 1949, to Sept. 5, 1952, that I last saw the deceased alive on Sept. 5, 1952, and that death occurred at 6:20 p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Palmer Duane Bowdich M.D. 0		23b. ADDRESS 5800 Arsenal St.	
23c. DATE SIGNED 9/6/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, "	24b. DATE 9/8/52	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, St. Louis, 9, Mo.	
24d. LOCATION (City, town, or county) (State) St. Louis, 18, Mo.			
DATE REC'D BY LOCAL REG. SEP 8 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D. m 9/8	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St.,		ADDRESS St. Louis, 18, Mo.	

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

1220
April 7
N. G. M.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe S. Benz

Licensed Embalmer No. 1219

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

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.