

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31370**

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

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY PERRY				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) PERRYVILLE		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) BLOOMSBURG MO		d. STREET ADDRESS (If rural, give location) 0 9 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION PERRY Co MEMORIAL HOSPITAL							
3. NAME OF DECEASED a. (First) AUGUST b. (Middle) VALENTINA c. (Last) JOKERST			4. DATE OF DEATH (Month) (Day) (Year) AUG. 27 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH JAN 1 1888	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BLOOMSBURG MO	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME AUGUST JOKERST		13b. MOTHER'S MAIDEN NAME JOSE PAINE RUEBSAM		14. NAME OF HUSBAND OR WIFE ANNA UHRICH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-16-462		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Bloomsburg Inc			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Silage gas poisoning DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8941					INTERVAL BETWEEN ONSET AND DEATH 24 hrs 36 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. (Specify) ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Genevieve, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 26 1954		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? working in Silo			
22. I hereby certify that I attended the deceased from 26 Aug 1954 to 27 Aug 1954 that I last saw the deceased alive on 27 Aug 1954 and that death occurred at 3:30 pm. , from the cause and on the date stated above.							
23a. SIGNATURE H. D. P. [Signature]				23b. ADDRESS St. Genevieve Mo		23c. DATE SIGNED AUG 28 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE AUG 30 1954		24c. NAME OF CEMETERY OR CREMATORY ST. PHILOMENA		24d. LOCATION (City, town, or county) (State) BLOOMSBURG MO	
DATE REC'D BY LOCAL REG. 8-30-54		REGISTRAR'S SIGNATURE Joe J. Zeller		25. FUNERAL DIRECTOR'S SIGNATURE Sec. B. [Signature]		ADDRESS St. Genevieve Mo	

SEP 1 1955

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 Lee E. Basler

Licensed Embalmer No. 1985

P. O. Address to Genevieve Mrs

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.