

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3479

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John</u>		c. CITY OR TOWN <u>Overland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>2319-Bristow Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rugh Rest Manor</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>William</u>	c. (Last) <u>Ludwig Jost</u>	4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>10</u> (Year) <u>1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 23, 1873</u>	9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. HOURS <u>5</u>	13. MIN. <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Telegrapher Western-Union</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Western-Union</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LaGrange, Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis Jost</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Jost</u>	14. NAME OF HUSBAND OR WIFE <u>Elizeon M. Jost Dcd.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes Span-American</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles W.D. Jost</u>	ADDRESS <u>9007-Lackland Rd.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Charles vascular disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>4221</u> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) <u>✓</u> (Day) <u>✓</u> (Year) <u>✓</u> (Hour) <u>✓</u> (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from 1-7, 1955, to 1-10, 1955 that I last saw the deceased alive on 1-10, 1955, and that death occurred at 6:40 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Paddy M.D.</u> (Degree or title)	23b. ADDRESS <u>730-Hodgson</u>	23c. DATE SIGNED <u>1/11/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Normandy, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-11-55</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Woodson, Inc.</u> ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>
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320 (Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Oscar F. Mueller*

Licensed Embalmer No. *308*

P. O. Address *Overland 12*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.