

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2790

State File No.

FILED JAN 26 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 214

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 214			
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 township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 89 yrs		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1925 S 9th Street				e. STREET ADDRESS (If rural, give location) 23 1925 S 9th Street				223/0	
3. NAME OF DECEASED (Type or Print) a. (First) Barbara			b. (Middle) Anna		c. (Last) Jobst		4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 5 1866		9. AGE (In years last birthday) 89	10. MONTHS	11. DAYS	12. HOURS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Alois C. Jobst			13b. MOTHER'S MAIDEN NAME Mary Foerster		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Margaret C. Jobst				ADDRESS 1925 S 9th Street	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General arteriosclerosis</i>								5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>422.1</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <i>May, 1951</i> to <i>Jan 6, 1956</i> that I last saw the deceased alive on <i>Jan 5, 1956</i> , and that death occurred at <i>2 PM</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>J. Schindewolf</i> (Degree or title) M.D.				23b. ADDRESS <i>2026 S 9th St</i>			23c. DATE SIGNED <i>1/7/56</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>1/9/56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>S S Peter & Paul Cem</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Missouri</i>				
DATE REC'D BY LOCAL REG. <i>JAN 9 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Moydell</i> ADDRESS <i>Funeral Home 1926 Allen Av</i>				

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 *P. J. ...* Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George J. Swalowski Jr.*
Licensed Embalmer No. 4899

P. O. Address 1926 Allen

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.