

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006615

AMENDED **FILED VS FEB 28 1961** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1603** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 60 Yrs	a. STATE Missouri b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri-Baptist		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Written Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		d. STREET ADDRESS 9114 Mackenzie Rd	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) BARBARA JOST			4. DATE OF DEATH 2-15-1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-16-1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Alsace-Lorraine		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Jost		13b. MOTHER'S MAIDEN NAME Madlyn Wittman		14. NAME OF HUSBAND OR WIFE Leola Dietrich 9114 Mackenzie Rd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Leola Dietrich 9114 Mackenzie Rd	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c) 331x	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **Jan. 1st 1960**, to **2-15-61** and last saw her ^{her} _{had} alive on **Jan 15, 1961**
Death occurred at **5²⁴** **P**.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Raymond A. Stansbury MD	22b. ADDRESS 3121 N. Grand	22c. DATE SIGNED 2-17-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-18-1961	23c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul	23d. LOCATION (City, town, or county) 7030 Gravois Ave Mo
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24. FUNERAL DIRECTOR Ziegenhein Brothers 6409 Gravois Ave	25. DATE RECD. BY LOCAL REG. FEB 17 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

