

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024801

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5742** STATE FILE NUMBER

FILED JUN 18 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb _____
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospital, Inc.** Inside Limits Yes No
 d. STREET ADDRESS **4247 Flora Pl** (If outside, give location) Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY _____

3. NAME OF DECEASED (Type or print) First **Emma** Middle **Z.** Last **Jostes** 4. DATE OF DEATH Month **June** Day **7** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-7-1884** 9. AGE (last birthday) **77** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Not employed** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Henry Zeigenheim** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Louis H. Jostes**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Louis H. Jostes** Address **4247 Flora**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **15 hrs**
 DUE TO (b) **Cerebral Arteriosclerosis** **10 yrs**
 DUE TO (c) **Essential Hypertension** **10 yrs**
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **331X**

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **1960** to **June 7, 1962** and last saw her alive on **June 7, 1962**
 Death occurred at **1:45 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. C. Celary MD** 22b. ADDRESS **1755 S. Grand Blvd.** 22c. DATE SIGNED **6/8/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6/9/62** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 23d. LOCATION (City, town, or county) **St. Louis Mo**

24. FUNERAL DIRECTOR **John L. Zeigenheim & Sons Undertaker** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **JUN 8 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Harold Henry

Licensed Embalmer No. 4863-

P. O. Address H. Loris

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.