

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008
27217
Do not use this space.

REC'D SEP 14 1938

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Missouri (d) Street No. City Sanitarium Registered No. 7231
(e) Length of residence in city or town where death occurred 42 yrs. 4 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Jost

(a) Residence, No. 4203 a N. 21st. St. St. 9 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Justine Jost</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-31-1896</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>4</u>	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Enameler</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Electric slides</u>			
	10. Date deceased last worked at this occupation (month and year) <u>3-1938</u>		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri.</u>				
FATHER	13. NAME <u>Andrew Jost, Sr.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria Hungary</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Hungary</u>			

17. INFORMANT (ADDRESS) JUSTINE JOST 4203 N. 21ST

18. BURIAL, CREMATION, OR REMOVAL PLACE GALVARY CEM. DATE AUG. 16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cludmeyer & Olsen 3934 N. 220 St.

20. FILE AUG 15 1938 J.P. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-38, 19.....
22. I HEREBY CERTIFY, That I attended deceased from 8-8-1938, 19....., to 8-13-38, 19.....
I last saw him alive on 8-13-38, 19..... Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

AC. CONGESTION-HEART FAILURE ONSET 8/13/38

Other contributory causes of importance:
GENERAL PARALYSIS OF THE INSANE ONSET 8/8/38x

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) M. L. Moore, M.D.
(Address) 5400 Central St.

LA 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, Geo. P. Schubert

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2212

P. O. Address 5118th N. Kingshigh

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, above space should be left blank.