FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15697

Registration District No. 775 Primary Registration District No. 6020-a Registrar's No. 32

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. A. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FREDERICK JASTER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Jaster
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased October (Month) 28 (Day) 1863 (Year)
8. AGE: Years 77 Months 5 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business ____
FATHER 12. Name August Jaster
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Elizabeth Wineke
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's own signature August Jaster
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation B. J. Cemetery
18. (a) Signature of funeral director Benham Mfg. Co.
(b) Address 313 Benham Bonne Terre Mo
19. (a) May 1, 1941 (Date received by registrar) (b) N. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1941 hour 10 minutes A. M.
21: I hereby certify that I attended the deceased from Feb. 1938, 19__, to Apr. 20, 1941; that I last saw him alive on Apr. 10, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	5 yrs (?)
Due to:	
Due to:	
Other conditions: Mitral Stenosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature R. B. Lester (M. D.)
Address Desloge Mo Date signed 5-2-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G. J. C. Cagwell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre Mo.

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.