

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 17 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**41964**

Registration District No. 317

Primary Registration District No. 6076

State File No. \_\_\_\_\_

Registrar's No. 3472

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 11-14-46  
(Specify whether years, months or days)

In this community 1 year  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BRISTO, Jay Z.

3. (b) If veteran, name war World II

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 8, 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

32	3	27	hr. min.
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9. Birthplace Paducah, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Construction work

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Bristo

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Zager Good

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital,

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof Dec. 7, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Paducah, Kentucky

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 12-10-46 (b) Keith J. Allen, M.D.  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County St. Clair

(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1302a St. Clair Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 5,  
year 1946 hour 11:05 minute A M.

21. I hereby certify that I attended the deceased from November  
August 11, 1946 to December 5, 1946  
that I last saw him alive on December 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

CARCINOMA OF RECTUM WITH MULTIPLE METASTASES

Duration UNK.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions ASPIRATION OF COPIOUS VOMITUS  
(Include pregnancy within 3 months of death)

WITH ATELECTASES

Major findings: Of operations No Operation

Of autopsy No 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) No

(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? \_\_\_\_\_

While at work? P.E. Station injury 0

23. Signature L.E. STILWELL, M.D. (M. D. or other) \_\_\_\_\_

Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 12-5-46

WRITE PLAINLY--USE 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.....

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

Signed: *Lewis C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address. *7814 S Broad*

**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, fact should be so stated above.