No. 2
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43141

Registration District No. FILED JAN 13 1947 18

Primary Registration District No. 1003

Registrar's No. 11355

1. PLACE OF DEATH:

(a) County
(b) City or town St.Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3502 Indiana Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph J. Yost

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edna Earl Yost

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 22, 1897
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	7	09	hr. min.

9. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired (Grocery Manager)

11. Industry or business Grocery

FATHER
12. Name Joseph Yost
13. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Statia White
15. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Edna Earl Yost
(b) Address 3502 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery Assoc.

18. (a) Signature of funeral director Thos. J. Finan
(b) Address 1519 S. Grand Blvd.

19. (a) JAN 2 - 1947 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st
year 1946 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb. 12 1942 to Dec. 31 1946
that I last saw him alive on Dec. 30 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	4 yr.
Due to Carcinoma of Sigmoid	5 yr.
Due to	
Other conditions (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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Edwin P. Meiner (M. D. or other)
Address 6651 Enright Ave Date signed 1-2-47

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.