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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED AUG 13 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**24945**

State File No. 0

Registrar's No. 1579

Registration District No. 317

Primary Registration District No. 2002

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

76  
35  
J

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
Residence - 7398 Norwood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 7398 Norwood  
(If rural, give location)

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

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

**3: (a) PRINT FULL NAME** Yost, Casper Salathiel Jr.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Dependahl 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 19, 1889  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month August day 5  
year 1948 hour 5:4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7/24, 1948, to August 5, 1948;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>58</u>	<u>10</u>	<u>16</u>	_____hr. _____min.

Immediate cause of death Pulmonary tuberculosis Duration 3 yrs.

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

Due to 134

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Attorney at Law

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

12. Name Casper S. Yost

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

14. Maiden name Anna Parrott

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

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? \_\_\_\_\_

16. (a) Informant Casper S. Yost III

(b) Address 7118 Tulane, University City, Mo.

17. (a) Burial (b) Date thereof Aug. 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Road @ Concordia Ave

19. (a) 8-7-48 (b) Beulah J. Hays  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Alfred Polchman (M. D. 10004) ms

Address 634 North Grand Date signed 8/6/48

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**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 Ernest W Spillars

Licensed Embalmer No. 4080

P. O. Address.....

**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.**