t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38388
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10162

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis. Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1414a Warren 1 Length of stay in 1b 01

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois. b. COUNTY Clinton. 1

c. CITY OR TOWN New Baden 8120 8 Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 32 Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First John Middle Henry Last Yost

4. DATE OF DEATH Month Day Year Oct. 28, 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] 0

8. DATE OF BIRTH July 12, 1899

9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Illinois. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Wm. Yost

13b. MOTHER'S MAIDEN NAME Sarah Ellen Lollis

14. NAME OF HUSBAND OR WIFE Nil.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO. 243-07-2142

17. INFORMANT Address Phillip David Yost, 1414a Warren, St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Pulmonary occlusion — INTERVAL BETWEEN ONSET AND DEATH 20.min

IMMEDIATE CAUSE (a) ~~Pulmonary Occlusion~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10.yrs

DUE TO (c) Hypostatic pneumonia — 18.hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500 2

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1947 yr., to Oct. 28, 1957 and last saw her/him alive on Oct. 28. 8:30 A.M.
Death occurred at 1:55P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jennings D. Huff D.O. 2

22b. ADDRESS 511 N. Taylor, St. Louis, Mo

22c. DATE SIGNED 1957 Oct. 22, 1

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-28-57

23c. NAME OF CEMETERY OR CREMATORY Local

23d. LOCATION (City, town, or county) (State) New Baden, Illinois.

24. FUNERAL DIRECTOR ADDRESS Hempin Funeral Home, New Baden, Illinois.

25. DATE RECD. BY LOCAL REG. OCT 29 '57

26. REGISTRAR'S SIGNATURE J. Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Stanley H. Kufow

Licensed Embalmer No. 4193

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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