

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24756

State File No.

XC # 122 85 19

SL # 16174

FILED JUL 26 1954

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Registrar's No. 6283

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 30 days		c. CITY OR TOWN STE. GENEVIEVE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSP		e. STREET ADDRESS (If rural, give location) 1001 MAPLE DRIVE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle)		c. (Last) JOKERST	
4. DATE OF DEATH (Month) (Day) (Year) 7-10-54		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-20-88		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) STE. GENEVIEVE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FRANK X. JOKERST		13b. MOTHER'S MAIDEN NAME THERESA MUESSIG	
14. NAME OF HUSBAND OR WIFE MARY T. JOKERST		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 496-34-9755	
17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, ST. LOUIS, MO.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PERITONITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) GANGRENOUS APPENDIX DUE TO (c) CARCINOMA STOMACH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 151X	
22. I hereby certify that I attended the deceased from June 10, 19 54, to July 10, 19 54, that I observed the deceased die and that death occurred at 12:15 P.M., from the causes and on the date stated above.					
23a. SIGNATURE W. E. LUCAS, M.D.		23b. ADDRESS VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 7-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-11-54		24c. NAME OF CEMETERY OR CREMATORY Ste. Genevieve Cem.	
24d. LOCATION (City, town, or county) Ste. Genevieve Mo.		24e. DATE REC'D BY LOCAL REG. JUL 12 1954		24f. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
24g. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		24h. ADDRESS 4704 Washington Ave.			

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

JUL 27 1954

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..... *Paul A. Washburn*

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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.