

FILED

SEP 8 1945

Registration District No. **319**

Primary Registration District No. **6079**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town RURAL STE. GENEVIEVE T.S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community WIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME FRANCIS L JOKERST

3. (b) If veteran, name war _____ 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 MARY A. SCHAUB 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased OCT 3 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 15 If less than one day hr. _____ min. _____

9. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER } 12. Name FRANK X. JOKERST
FATHER } 13. Birthplace ZELL MO
(City, town, or county) (State or foreign country)
14. Maiden name TERESIA MUESSIG
15. Birthplace WEINGARTEN MO
(City, town, or county) (State or foreign country)

16. (a) Informant Olive Johansen
(b) Address Ste. Genevieve Mo
17. (a) BURIAL (b) Date thereof Aug-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Geo C. Barber
(b) Address Ste. Genevieve Mo
19. (a) Aug 20/45 (b) T.W. Douglas
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 18
year 1945 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 18 to Aug 18, 1945
that I last saw him alive on Aug 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cordic Dilatation Duration _____

Due to Hypertension 1 wk
Generalized edema, ascites 1 month

Due to Chronic Hepatitis
Metastatic Regeneration 15 yrs.

Other condition Chronic Myocarditis

Major findings:
Of operations: _____
Of autopsy: 124K

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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address [Address] Date signed 8-20-45

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

RECEIVED

District Health Officer No. 4

District File Number 945-1044

Date Filed 9-6-45

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 Geo. C. Basher

Licensed Embalmer No. 1985

P. O. Address St. Genevieve Mo

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.