

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9714

67 0041740

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

FILED NOV 2 1967

1. PLACE OF DEATH
a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Christian Hospital

Inside Limits
Yes ☒ No ☐

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

Missouri

c. CITY
OR TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5801 So. Broadway

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Ann

Middle

A.

Last

Yost

4. DATE OF DEATH

Month Day Year

October 18, 1967

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/8/1876

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

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

Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Wilhelm Yost

13b. MOTHER'S MAIDEN NAME

Wilhelmina

Unknown

14. NAME OF HUSBAND OR WIFE

Address St. Louis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT
James Breckenridge, 1030 Boatmen's Bank Bldg.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

6 months

DUE TO (b)

arteriosclerotic heart disease

6 months

DUE TO (c)

fracture left hip

2 months

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

4200F

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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.

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 Aug 4, 1967 to Oct 18, 1967 and last saw her alive on Oct 18, 1967
Death occurred at 3:20 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. S. Sipehile MD

(Degree or title)

22b. ADDRESS

3505 Grand Blvd St. Louis, Mo.

22c. DATE SIGNED

10/18/67

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-21-67

23c. NAME OF CEMETERY OR CREMATORY

Evangelical Cemetery

23d. LOCATION (City, town, or county)

California, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Heiligtage Funeral Home, Arnold, Mo.

25. DATE RECD. BY LOCAL REG.

OCT 18 1967

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

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

Frederick W. Dietrich

Licensed Embalmer No.

4329

P. O. Address

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

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