

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2416

MAR 1 1927

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis, Mo. (No. 6947)

Registration District No. 289
Primary Registration District No. 6933B

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Andrew John Jacobi

(a) Residence. No. 6947 Central St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Catherine Jacobi

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct. 25 - 1848

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>2</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

Ludwig Jacobi

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Ruth Galloch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Catherine Jacobi
(Address) 6947 Central Ave

15.

FILED 1/13 - 1927 J. H. B. B. B.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14th, 1927

17. I HEREBY CERTIFY, That I attended deceased from
Jan 4, 1927, to Jan 13, 1927,
that I last saw him alive on Jan 13, 1927, and that death occurred, on the date stated above, at 12.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A
108 Solar Pneumonia
(duration) _____ yrs. _____ mos. 4 da.

CONTRIBUTORY Supper
(SECONDARY) (duration) _____ yrs. _____ mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? clinical course
(Signed) H. Schneider, M. D.

1/15, 1927 (Address) 2708 Lynch St. St. Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Palmyra, Mo. **DATE OF BURIAL** 1-16-1926

20. UNDERTAKER Peety Bros 3029 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Record at geo. Blitch office

12.30 - 2.30 p.m.

