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

Do not use this space. 2778

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. F 353

Township ..... Primary Registration District No. 1003 Registered No. 353

City St. Louis (No. Little Sisters of the Poor St. ..... Ward)

2. FULL NAME Rose Jakoubek

(a) Residence. No. Little Sisters of the Poor St. ..... Ward 20

(Usual place of abode) 3400 S. Grand (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt 1830

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Abt 98				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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) Bohemia

PARENTS

10. NAME OF FATHER Joseph Vetruba

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Bohemia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Unknown

14. INFORMANT Jos. Jakoubek

(Address) 1240 Menard

15. FILED ....., 19..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-8 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927 to Jan 7, 1928, that I last saw ..... alive on Jan 7, 1928, and that death occurred, on the date stated above, at 1:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

92A

(duration) ..... yrs. ..... mos. 3/4 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

(duration) ..... yrs. ..... mos. 3/4 ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. B. Boyden, M. D.

Nov 1, 1928 (Address) 3141 Lafayette

*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	DATE OF BURIAL
A. L. Peter + Paul	1-11 1928
20. UNDERTAKER	**ADDRESS**
H. C. Maydell	1926 Allen Ave

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.

F. W. Garcia