WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18710

File No.
Registered No. 5104

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 1093
City St. Louis (No. Mo. Baptist San. St. Ward)

2. FULL NAME Max Jacobs

(a) Residence. No. 1411 Arlington St., 6 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. 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)
male	white	widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	11	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Dry goods
(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) Posen
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Julius Jacobs
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Hannah Dismahl
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Lillie Horwitz
(Address) 4154 McPee

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1928

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1928, to May 7 1928 that I last saw him alive on May 5, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

Influenza / COA

(duration) yrs. mos. 1d ds.

CONTRIBUTORY (SECONDARY) Died for years old cardiac hyp upon admission - no bronchial or pulmonary

(duration) 20 yrs. mos. ds.

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

(1) DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Broncho Pneumonia Hemorr.

(Signed) Louis H. Behrens, M. D
May 9, 1928 (Address) 102 No Broadway

*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 Mt. Olive Neb — DATE OF BURIAL 5/10 1928

20. UNDERTAKER H B Berger — ADDRESS 4915 McPherson