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.

22032

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6199

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Victor Jacquemin

(a) Residence. No. No. 1 Shaw Place St., 17 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: 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: Clara Jacquemin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 10, 1865

7. AGE: Years 62 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teller
(b) General nature of industry, business, or establishment in which employed (or employer): First National Bank
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis Mo.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Fred Jacquemin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: Victor Jacquemin Jr.
(Address): No. 1 Shaw Place

15. FILED ..... 9 1928 Max C. Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 6 1928

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to June 6, 1928, that I last saw him alive on June 6, 1928, and that death occurred, on the date stated above, at 6:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the tongue

43

(duration) yrs. 7-8 mos. ds.

CONTRIBUTORY (SECONDARY): Lobar pneumonia

(duration) yrs. mos. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF June 2, 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ellis Fischel, M.D.

June 8 1928 (Address) 400 Metropolitan Bldg.

*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: Missouri Creamatory

DATE OF BURIAL: June 9 1928

20. UNDERTAKER: A. W. McLaughlin

ADDRESS: 1631 Mo. Ave.