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.

38215

File No. 10810

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

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

2. FULL NAME William Jacobus

(a) Residence. No. 5907 Enright 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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4, 1889

7. AGE	Years	Months	Days	If less than 1 day, ...hrs. or ...min.
	38	11	23	

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) Ladies Ready to wear
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Kas

PARENTS

10. NAME OF FATHER Abraham Jacobus

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Bessie Wolff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chicago
(STATE OR COUNTRY)

14. INFORMANT Mrs Mary Jacobus
(Address) 5907 Enright

15. FILED Nov 5 1928 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 4, 1928, that I last saw h. alive on 11/4/28, 1928, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
53E Asphyxiation
(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) Sarcoma of the neck
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11/4/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Biopsy
(Signed) John A. Reich, M. D
11/4, 1928 (Address) Jewish Hospital

*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 New Mt. Sinai — DATE OF BURIAL 11/4 1928

20. UNDERTAKER H B Berger — ADDRESS 4715 McPherson