

MISSOURI STATE BOARD OF HEALTH 483

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

~~1194~~ 2012
File No. _____
Registered No. 982
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. 2209 Herbert St.)

2. FULL NAME

Austin Parthler Jacobs

(a) Residence No. 2209 Herbert St. 20 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) Widowed Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 22nd 1859

7. AGE 70 YEARS MONTHS 1 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Don't Know
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) McCraysville
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Williams Jacobs

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

12. MAIDEN NAME OF MOTHER Lucy Florher

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

14. INFORMANT sister Jeanne
(Address) 2209 Herbert St.

15. FILED 411 36 133 W. C. Stanley REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1930, to Jan. 29, 1930 that I last saw h. m. alive on Jan. 28, 1930, and that death occurred, on the date stated above, at 9:15 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
(Signed) Anthony A. Bekarchie, M. D.
1/30, 1930 (Address) 15125 a Cass St.

*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 balary DATE OF BURIAL 1-30-1930

20. UNDERTAKER Arthur J. O'Connell ADDRESS 2839 North St.

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.

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