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

Do not use this space.

41498

File No. 12186

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. , Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Joe Jacobs

(a) Residence. No. 0 (Usual place of abode) Unknown St., 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4. 1892.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	5	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 8? 34 9 30

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Austria

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "

(STATE OR COUNTRY) Austria

14. INFORMANT O. E. Baldree Jr.

(Address) 5300 Arsenal

15. FILED 30 1930, 19 Mary C. Vaeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-1 1930 to 12-17 1930 that I last saw h. (m.) alive on 12-17 1930, and that death occurred, on the date stated above, at 1:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Paralytic Insane (Luetic)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) yrs. 3 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? Serology

(Signed) O. E. Baldree Jr. M. D.

12-17, 1930 (Address) 5300 Arsenal

*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
Washington U.	12-20 1930
20. UNDERTAKER	ADDRESS
Walter Richter	3500 Rutger St

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.