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.

12476

File No. 3790

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, S (No. St. Anthony Hospital. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Edward M. Jaeckel.

(a) Residence. No. 1937 Park Avenue. St., 22 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 Ida R. Jaeckel.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1, 1880.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	5	25.	

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

9. BIRTHPLACE (CITY OR TOWN) Hecker,
(STATE OR COUNTRY) Ills.

PARENTS

10. NAME OF FATHER Nicholas Jaeckel.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Loius,
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Meng.

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

14. INFORMANT Ida Jaeckel.
(Address) 1937 Park Avenue.

15. FILED May 1, 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3/26

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1931

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to March 26, 1931, that I last saw h alive on March 26, 1931, and that death occurred, on the date stated above, at 11:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia due to influenza complicated by Cirrhosis of Liver

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cerebral Arteriosclerosis

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED House 1937 Park

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF March 25/31

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible] M. D.

3/26, 1931 (Address) 2844 Olive

*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 St. Peter & Paul Cemetery

DATE OF BURIAL Mar. 28, 1931.

20. UNDERTAKER [illegible] & Co.

ADDRESS [illegible] Miramedi St.