

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

Do not use this space.

42033

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 6031
City Valley Park (No. Valley Park Mo.)

File No.
Registered No. 247
St. Ward

2. FULL NAME

Jennie Jacobson
(a) Residence, No. 400 Island Ave. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Max Jacobson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 1871</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Isador Schubach</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Max Jacobson</u> <u>700 Island</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Sinai</u> DATE <u>Dec. 13 1931</u>		
19. UNDERTAKER (ADDRESS) <u>H. Rindorf</u> <u>5216 Delmar</u>		
20. FILED <u>12-11 1931</u> <u>P. C. Barnett M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th 1931, to Dec 10 1931.
I last saw her alive on Dec 10th 1931. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:
Ovarian Carcinoma Date of onset

Other contributory causes of importance:
49A

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. J. Dunn, M. D.
(Address) Valley Park Mo.

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 very important.

