

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

Do not use this space.

14416

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 289  
Township Central Primary Registration District No. 6033B  
City Overland (No. 2426 Verona Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Julia Jacobs  
(a) Residence, No. 2426 Verona St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 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>John M. Jacobs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5 - 1874</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>3</u>
	DAYS <u>27</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>Housewife</u>	11. Total time (years) spent in this occupation <u>35 yrs.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
10. Date deceased last worked at this occupation (month and year) <u>1929</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Jacob Steine</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary J. Arnold</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
17. INFORMANT (ADDRESS) <u>John M. Jacobs</u> <u>2426 Verona Overland, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Interred</u> PLACE <u>see card</u> DATE <u>4-4-33</u>		
19. UNDERTAKER (ADDRESS) <u>Dunnigan Bros. Inc.</u> <u>Overland, Mo.</u>		
20. FILED <u>4-8-33</u> <u>John Gray M.D.</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June - 29, 1932, to April 2, 1933  
Last saw h.v. alive on April 1, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Static Pneumonia - Date of onset 2-27-33  
46 D  
46 D  
Other contributory causes of importance:  
Diabetes Mellitus 3 yr.  
Carcinoma of rectum 2 yr.  
Name of operation radical removal of rectum Date of Dec 11 - 31  
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Ray B. Walcher, M. D.  
(Address) 2438 Woodson Rd  
Overland, 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 is very important.

MAY 24 1933

MARGIN RESERVED FOR BINDING

