

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

Do not use this space.

OCT 11 1934

791

34519

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No.
City St. Louis, (No. U.S. Marine Hospital, 3640 Marine Ave., St. Louis Ward) 10

File No.
Registered No. 9325

2. FULL NAME Leon Jacobs

(a) Residence, No. 2833 Jentaylor St., St., 710 Ward, New Orleans, La.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 20, 1909</u>				
7. AGE	YEARS <u>24</u>	MONTHS <u>11</u>	DAYS <u>1</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waiter</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Waiting table on River Steamer</u>			
	10. Date deceased last worked at this occupation (month and year) <u>June 2, 1934</u>			
				11. Total time (years) spent in this occupation. <u>Unknown</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Louisiana

FATHER 13. NAME Leon Jacobs

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Louisiana

MOTHER 15. MAIDEN NAME Alice Gainer

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Louisiana

17. INFORMANT G. Winkler
(ADDRESS) U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE New Orleans, La. 9-22-34

19. UNDERTAKER (ADDRESS) W.C. Gordon Und. Co. 2649 St. Charles Blvd.

20. FILED P 22 1934
J. Bredek Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1934 '19

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, 19....., to Sept. 21, 1934, 19.....

I last saw him..... alive on Sept. 21, 1934, 19..... Death is said

to have occurred on the date stated above, at 10:45 AM

The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, Far advanced Date of onset Unknown

23 A
87 E

Other contributory causes of importance: None

Name of operation Neurotomy, R. phrenic Date of 8-9-34

What test confirmed diagnosis: Clinical and laboratory Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following No.

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) J. DeLougherty, A.A. Surg. USPHS, M.D.
(Address) U.S. Marine Hospital, St. Louis, Mo.

certified: S.P. Fisher, medical officer in charge

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.

