

NOV 13 1934

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

Do not use this space.

37611

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1000**
City **St. Louis**, (No. **Alexian, Bros. Hospital**)..... Registered No. **10057**
St. Ward)

2. FULL NAME

John A. Jacobi
(a) Residence, No. **3400 So. Grand Blvd., st., 16** Ward. (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dont Know.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 13, 1862.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	72	--	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Brewery Worker.**

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) **Germany.**

13. NAME **John Jacobi.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

15. MAIDEN NAME **Dont Know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT **Louis Jacobi**
(ADDRESS) **4065 Oleatha Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter and Paul** DATE **Oct. 17, 1934**

19. UNDERTAKER **J. H. Gekken Lx & Co**
(ADDRESS) **2630 Grayois Ave.**

20. FILED **NOV 13 1934** **J. H. Brebeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-15**, 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 9**, 19**34**, to **Oct. 15**, 19**34**

I last saw him alive on **October 14**, 19**34** Death is said to have occurred on the date stated above, at **12:05 A.** m.

The official cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset

Other contributory causes of importance:
Senility

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

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) **Joseph L. Ferris**, M. D.
(Address) **4509 Virginia**

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.

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