MAR 4 1936

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

Do not use this space.

791

8120

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 1799

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis. (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME William E. Jacobson

(a) Residence, No. 5428 Nagel Ave St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 10 mos. 8 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 Mary Jacobson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 7, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.K&T. Railroad

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) Chicago Ill.

FATHER

13. NAME Nickelson Jacobson

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

MOTHER

15. MAIDEN NAME Sophia Dieselmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mary Jacobson 5428 Nagel Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sun Set Park DATE Feb. 18, 1936

19. UNDERTAKER (ADDRESS) Wm C. Moydell 1926 Allen Ave.

20. FILED FEB 18 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to Feb 15, 1936

I last saw him alive on Feb 14, 1936 Death is said to have occurred on the date stated above, 1.10 A.M.

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

	Date of onset
Bronchio-pneumonia	2-12-36
51	
Other contributory causes of importance:	
Carcinoma bladder Urinary	1930

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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) [signature], M. D.

(Address) 4500 Olive St

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.