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 7 1936

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

Do not use this space. 17349

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4113

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. Desloge Hosp. St. ..... Ward)

2. FULL NAME Jacob Jare (JARE)

(a) Residence, No. 3506 Wabash St., 3 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theresa Jare

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2 1896

7. AGE: YEARS 40 MONTHS 2 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
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): Austria

FATHER
13. NAME: Andrew Jare
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Eva Bitterman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Theresa Jare 3 Austria

17. INFORMANT (ADDRESS): Theresa Jare 3506 Wabash Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE Apl 17 1936

19. UNDERTAKER (ADDRESS): Witt Bros L & Co. 2929 S. Jefferson Av

20. FILED APR 15 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1936, to April 13, 1936
I last saw him alive on April 13, 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis (aortic valve) 91a

Date of onset: Uncertain Probably about 6 mo. ago according to history

Other contributory causes of importance:

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? Uncertain
If so, specify .....

(Signed) Melvin J. Stuber, M. D.
(Address) Firmin Desloge Hospital 1325 South Grand Blvd. St. Louis, Mo.