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.

AUG 18 1936

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

Do not use this space.

28174

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo. (No. Mo. Baptist Hospital St. ..... Ward)

File No. .....

Registered No. 6932

2. FULL NAME George Jacobs

(a) Residence, No. Eureka, Mo. St., N R Ward. Eureka Mo

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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 Estelle Jacobs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	11	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eureka High School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Valentine Jacobs

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

MOTHER

15. MAIDEN NAME Theresea Schwind

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

17. INFORMANT (ADDRESS) Estelle Jacobs Eureka, Mo.

18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery

PLACE Pond, Mo. DATE July-10-1936

19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED JUL 9 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 7, 1936

I last saw him alive on July 7, 1936 Death is said to have occurred on the date stated above, at 9:20 P.m.

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

	Date of onset
Acute Miliary Tuberculosis	March 36

Other contributory causes of importance: 32 M

Name of operation None Date of .....

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) W B Kieffer M. D.

(Address) 4500 Olive St, St Louis Mo