

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 1938

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

Do not use space.

289059

1. PLACE OF DEATH

County
Township
City (No. of City)

Registration District No.
Primary Registration District No.

791
1003

File No.
Registered No. 739
St. Ward)

2. FULL NAME

Alexander Jacob
(a) Residence, No. *421 N. Broadway* St. *25* 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 *m* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *unknown*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 50

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Merchandise*
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) *unknown*

FATHER 13. NAME *unknown*

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

MOTHER 15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Mrs. M. J. ...* (ADDRESS) *601 ...*

18. BURIAL, CREMATION OR REMOVAL *Chesed Shel Emeth* DATE *4/21* 1938

19. UNDERTAKER *Wendy ...* (ADDRESS) *421 N. Broadway*

20. FILED *J. Brebeck* REGISTRAR
JUL 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/18/1938*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *6:20 p.m.*

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

Heart Stroke

Other contributory causes of importance: *1911*

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) *Harold ...* M.-D.
(Address) *10 ...*

