

SEP 15 1936

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

791

1003

Do not use this space.

32875

1. PLACE OF DEATH

 County Registration District No.
 Township Primary Registration District No.
 City St. Louis (No. City Hospital #1) St. Ward)

 File No.
 Registered No. 8756
2. FULL NAME Herbert Jacquemin
 (a) Residence, No. 3806 Minnesota St. 24 Ward.

 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred /1 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 7, 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 8 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) St. Louis Mo13. NAME Herbert Jacquemin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.15. MAIDEN NAME Mary Schweppe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.17. INFORMANT (ADDRESS) Mrs. Clara Barry 927 Park Ave.,18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter & Paul 8-25-36.19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa Str.,20. FILED AUG 24 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:30 m.

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

Sepsis following infected wound of ring finger of left hand, right the following up roll away bed at residence.

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? Accident Date of injury Aug 11, 1936Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Frank P. Furlong(Address) corner

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.

1936-82-21
1921-12-7
16-8-14