

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

Do not use this space.

OCT 5 1936

791
1003

35993

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Barnes Hospital)

File No.....

Registered No.....

St. 9616 Ward

2. FULL NAME Gussie Jacobson

(a) Residence, No. 5598 Bartmer St. 5 Ward.

(Usual place of abode) (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 Female 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 Dr. Jacob Jacobson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 6 23

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

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) Chicago Ill.

13. NAME Isaac Shrimski

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

15. MAIDEN NAME Rebecca Hirschfield

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

17. INFORMANT Dr. Jacob Jacobson (ADDRESS) 5598 Bartmer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill. DATE 9-23-36

19. UNDERTAKER Herman Rindskopf (ADDRESS) 5216 Delmar Bldg.

20. FILED SEP 21 1936 19 J. P. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to Sept 20, 1936

I last saw him alive on Sept 20, 1936 Death is said to have occurred on the date stated above, at 1:12 p.m.

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

Pneumonia R.L.H. 9-17-36
Carcinoma of lung - secondary?
Carcinoma of Breast - Rt primary
Carcinoma of Brain, secondary

Other contributory causes of importance: 50

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) Frank W. Dowell, M. D.

(Address) BARNES HOSPITAL

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.

MARGIN RESERVED FOR BINDING

100M-1-20-36
SPNO 2
I X7044

~~Rindskopf~~