JAN 26 1937

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

Do not use this space.

46085

1. PLACE OF DEATH

County St. Louis — Registration District No. 489

Township Normandy Central — Primary Registration District No. 6033

City Overland (No. 9524 BALTIMORE AVE. St. ..... Ward)

File No. .....

Registered No. 361

2. FULL NAME Frank H. Jacobs

(a) Residence, No. 9524-Baltimore Ave. St., ... 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: 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 J. Jacobs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8-1874

7. AGE: YEARS 62 — MONTHS 1 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Normandy Twnsp.

10. Date deceased last worked at this occupation (month and year) 12/22

11. Total time (years) spent in this occupation 4yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Albany, Ind.

FATHER

13. NAME John M. Jacobs

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

MOTHER

15. MAIDEN NAME Mary Wallace

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

17. INFORMANT (ADDRESS) Theresa J. Jacobs 9524-Baltimore Overland

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE S. S. Peter-Pauls DATE 12-30-36 19

19. UNDERTAKER (ADDRESS) Baumann Bros. Inc. 2504-WOODSON RD. OVERLAND, MO.

20. FILED 12-29 1936 H. A. Brehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to Dec 26, 1936

I last saw him alive on Dec 26, 1936. Death is said to have occurred on the date stated above, at 11:10 P. m.

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

	Date of onset
Acute Cardiac Dilatation	12/26
Other contributory causes of importance:	
Cardiac Vascular Renal disease	?

131

Name of operation Clinical 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) W. F. O'Malley, M. D.

(Address) Webster Groves Mo.

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.