JAN 10 1937

JAN 7 1937

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

Do not use this space.

46210

1. PLACE OF DEATH

County ..... Registration District No. 791

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

File No. 11994

Registered No. .....

City ST. LOUIS, MO. (No. CITY HOSPITAL. St. ..... Ward)

2. FULL NAME EDWARD JACQUEMIN.

(a) Residence, No. 2134 ST. LOUIS AVE. St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE.	WHITE.	WIDOWER.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 5/1869.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	9	0	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. JOHN E. MITCHEL. 6th, & POPLER.

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) FRANCE.

FATHER

13. NAME NOT KNOWN. JACQUEMIN.

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

MOTHER

15. MAIDEN NAME NOT KNOWN.

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

17. INFORMANT (ADDRESS) ARTHUR JACQUEMIN. 2014 N. 22nd st.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVERY. DATE 12/9/36

19. UNDERTAKER (ADDRESS) PROVOST UNDERTAKING CO. 3710 N. GRAND BLV'D.

20. FILED DEC 7 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5/36 , 19

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 8-25 A.M.

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

Traumatic Pneumonia, due to compound fractures of right tibia & Fibula, fractured ribs rec'd when struck by an auto - deceased a pedestrian - near intersection.

Date of onset

Other contributory causes of importance:

1946
210 m

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? Accid. Date of injury 12/5/1936

Where 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. Public Street.

Manner of injury .....

Nature of injury see above.

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

If so, specify .....

(Signed) Alfred J. Perry, ~~M.D.~~

(Address) Deputy Coroner

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.