

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.

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

Do not use this space.

JAN 10 1937

46769

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis

(No. 4954 Eichelberger Ave.)

File No.

Registered No. 12590

St. Ward)

2. FULL NAME Paul Jacobs

(a) Residence, No. 4954 Eichelberger Ave. St. 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Trimmer
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) 14 Yrs. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Nicholas Jacobs

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

MOTHER 15. MAIDEN NAME Unknown Saetelle

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

17. INFORMANT Charles Jacobs (ADDRESS) 4954 Eichelberger Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Churchyard 12-23-36

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED 12590 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936, to Dec 20, 1936

I last saw him alive on Dec 16, 1936. Death is said

to have occurred on the date stated above, at 10: P.M.

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

Lobar Pneumonia
108
Myocarditis

Date of onset

Other contributory causes of importance

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) J. N. Green, M. D.
(Address) 508 N. Grand St.

Dr. Grosse

Metrp