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.

100M-3-28-35

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH
County
Township
City St. Louis (No. 2717a Elliot Ave. St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No. 3742
Registered No. 777

2. FULL NAME Lillie L. Jacobs
(a) Residence, No. 2717a Elliot 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William A. Jacobs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7, 1872
7. AGE: YEARS 64 MONTHS 6 DAYS 10 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 262
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 Mo. 1

FATHER
13. NAME: William Pauley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Sarah Gross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Lillian Lodenkamp 2717a Elliot Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cem DATE: 1-20 1937
19. UNDERTAKER (ADDRESS): Aaron Lowe 2707 N. Grand Bl
20. FILED: JAN 18 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/17/ 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1937, to Jan 17 1937. I last saw her alive on Jan 17 1937. Death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:
Hypertension 93 C
Cardiac failure
Myocarditis, Dr.
Date of onset
Other contributory causes of importance:
None.
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) A. L. Kavanagh M. D.
(Address) University Club Bldg