AUG - 5 1937

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

Do not use this space.

791 25939

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 25939

Township ..... Primary Registration District No. ..... Registered No. 7113

City St. Louis (No. Howard Hosp. 4461 Washington St. ..... Ward)

2. FULL NAME Martha Jacobsmeyer

(a) Residence, No. 19 Lyle Ave. St., NR Ward. Clayton Mo.
(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: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor E. Jacobsmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1901

7. AGE: YEARS 35 MONTHS 8 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Dr. F. J. Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Amelia Elizabeth Weiss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Victor E. Jacobsmeyer 19 Lyle ave. Clayton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemty DATE 7/29/37 19

19. UNDERTAKER (ADDRESS) Louis H Bopp Clayton Mo.

20. FILED JUL 27 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23rd 1937, to July 27th, 1937. I last saw her alive on July 27th, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Acute Obstruction of Bowels caused by adhesions

Date of onset

147

Other contributory causes of importance: Adhesions from continuous vomiting from pregnancy.

Name of operation none Date of —

What test confirmed diagnosis? Vovelous fruit matter Was there an autopsy? —

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? no

If so, specify —

(Signed) Dr. F. J. Meyer, M. D.

(Address) 4461 Virginia Ave.

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.

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