

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

Do not use this space.

**OCT 18 1937**

**1. PLACE OF DEATH**

County Buchanan Registration District No. ....  
 Township..... Primary Registration District No. ....  
 City St. Joseph (No. St. Joseph's Hospital) St. .... Ward)

File No. 33771  
 Registered No. 1109

**2. FULL NAME** Reinhold H. Jakobitz

(a) Residence, No. Memorial Highway 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 Gertrude H. Jakobitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>44</u>	<u>5</u>	<u>18</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swift & Co.

10. Date deceased last worked at this occupation (month and year) Aug. 19 37 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) Buffalo Lake  
 (STATE OR COUNTRY) Minnesota

13. NAME William Jakobitz

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

15. MAIDEN NAME Alberta Smidt

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

17. INFORMANT Mrs. Gertrude Jakobitz  
 (ADDRESS) Route 6, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE Oct. 11, 1937

19. UNDERTAKER Clark Mortuary  
 (ADDRESS) 5025 King Hill Ave.

20. FILED Oct 9 1937 H. J. Neettlebeck  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937, to Oct 8, 1937

I last saw him alive on Oct 8, 1937. Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

Hypoglycemia Date of onset Unknown

Other contributory causes of importance:

Name of operation No Date of X  
 What test confirmed diagnosis? Sat Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X Date of injury ..... 19.....

Where did injury occur? X  
 (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 Overwork

(Signed) Overwork M. D.

(Address) 303 Cedarhurst Bldg

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.

DEC 1 1945