

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

35735  
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH  
(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City ST. LOUIS (d) Street No. 2655 Shenandoah St. Registered No. 9312  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 24 yrs. mos. ds.

2. PRINT FULL NAME Eugene Jakobov  
(a) Residence, No. 2655 Shenandoah St. 23 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 1863  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 7 21  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. Car shops  
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) Yugo Slavia

FATHER 13. NAME John Jakobov

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yugo Slavia

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yugo Slavia

17. INFORMANT (ADDRESS) Mr. Wm. Keisinger  
2655 Shenandoah Av

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. Mary DATE 10-6-37

19. FUNERAL DIRECTOR (ADDRESS) With Bro. & Co.  
2929 S. Jefferson Av

20. FILED OCT 5 1937 J. E. The deck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1937  
22. I HEREBY CERTIFY, That I attended deceased from March 4th., 1937, to Oct. 2., 1937  
I last saw him alive on Oct. 2nd., 1937. Death is said to have occurred on the date stated above, at 6:45 m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Cardiac decompensation  
Date of onset March 1937

Other contributory causes of importance:  
Myocarditis (chronic)  
Chronic bronchitis  
Date of onset March 1937

Name of operation..... None Date of.....  
What test confirmed diagnosis? All usual 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? No.  
If so, specify.....  
(Signed) Wm. Keisinger M. D.  
(Address) Jefferson St. Shenandoah

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.

000

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin

Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**