

USE NOV 16 1938

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

33977
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003** Registered No. **8963**
(c) City **ST. LOUIS** (d) Street No. **4001^A Lafayette** St.
(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? yrs. mos. ds.

2. PRINT FULL NAME **MARIA M. JACKMAN**

(a) Residence, No. **4001^A LAFAYETTE AVE** St. **17**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **AUG. M. JACKMAN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 28, 1867**

7. AGE YEARS **81** MONTHS **8** DAYS **13** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSE WORK**
9. Industry or business in which work was done, as 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) **BUFFALO NEW YORK**

FATHER 13. NAME **DEAHN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **Shirley Mason 752 Chamberlain Place, Berkeley**

18. BURIAL, CREMATION, OR REMOVAL PLACE **FRIEDENSGEMETRY** DATE **Jan 14, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Smith Bros and Co. 2201 S Grand**

20. FILED **OCT 14 1938** **Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 11th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **January 16, 1935** to **Oct. 11th 1938**
I last saw him alive on **October 10th 1938** Death is said to have occurred on the date stated above, at **8:20 p.m.**
The principal cause of death and related causes of importance were as follows:

Hypertrophy of the Heart **1933**
Date of onset

Other contributory causes of importance:
Atheromatous degeneration of the vessels

Name of operation **none** Date of
What test confirmed diagnosis **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 **William Baron**, M. D.
(Signed) **William Baron**, M. D.
(Address) **3601 S Jefferson**

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.

Handwritten scribbles and illegible text at the top of the page.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Albert G. Hoppa*

Licensed Embalmer No. *2971*

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.)