

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37233
Do not use this space.

DEC 5 DEC 12 1938

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 1003
(b) Township..... 1 Primary Registration District No.....
(c) City..... St. Louis (d) Street No. 1111 Wilmington Rd. 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

212 Albert F. Jacobs

(a) Residence, No. 1111 Wilmington Rd. St. 1 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estelle L. Jacobs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate
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) St. Louis (STATE OR COUNTRY) Mo. 0

FATHER
13. NAME Frederick Jacobs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Katherine Braun
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT Mrs. Estelle L. Jacobs (ADDRESS) 1111 Wilmington Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Nov. 4, 1938

19. FUNERAL DIRECTOR (NAME) Charles Van Kannel, Son (ADDRESS) 4911 Washington St

20. FILED NOV 3 1938 J. J. Spedick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1938, to Nov 1 1938
I last saw him alive on Nov 1 1938 Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Other contributory causes of importance:
[Signature]

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?
If so, specify John B. Rule, M. D.
(Signed) (Address) 1023 Shepard

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

ELTON R. H. TREMELIUS

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Elton R. H. Tremelius

Licensed Embalmer No. *3154*

P. O. Address *3948th Green Ave*

St. Louis Mo

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.)

If this body is not embalmed, above space should be left blank.