

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9112**  
Registrar's No. **2595**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1606 S. 11th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ANDREW JACKO

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Jacko 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased About 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 69 Unknown hr. min.

9. Birthplace: Czecho-Slovakia  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Andrew Jacko

13. Birthplace Czecho-Slovakia  
(City, town, or county) (State or foreign country)

14. Maiden name Martna

15. Birthplace Czech-Slovakia  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Jacko

(b) Address 1606 S. 11th St.

17. (a) Burial (b) Date thereof Mar. 20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Mr. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) MAR 19 1940 (b) J. B. Bredbeck  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1606 S. 11th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/18 day \_\_\_\_\_  
year 1940 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from 3/8/40  
\_\_\_\_\_ 19 \_\_\_\_\_ to 3/18 1940;  
that I last saw him alive on 3/16/40 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & arteriosclerosis  
fibrillation and generalized edema

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. W. H. ... (M. D. or other) \_\_\_\_\_

Address 1040 ... Date signed 3/18/40

Duration several months  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Benny L. Dorman  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen

**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.**