

FILED AUG 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26258**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1303**

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

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **Koch mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Koch Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 years 5 da**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County _____
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **#2 Chouteau ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **11**
year **40** hour **12 noon** minute _____ M.
21. I hereby certify that I attended the deceased from **July 1**
1939, to **July 11**, 19**40**
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulm. Tuberculosis**

Due to _____

Due to **23**

Other conditions: **Ulcerative proctitis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy: **Pulm. T.B.**
Ulcerative proctitis

22. If death was due to external causes, fill in the following:

(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?
767
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **William Steuber** (M. D. or other) **1**

Address **1001 W. 1st St. St. Louis** Date signed **7/12/40**

3. (a) PRINT FULL NAME **Peter Jacobini**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **720**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **2** **1** **1867**
(Month) (Day) (Year)

8. AGE: **73** Years Months **5** Days **10** If less than one day hr. _____ min. _____

9. Birthplace: **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer - Day**

11. Industry or business _____

12. Name **Peter Jacobini**

13. Birthplace **mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Casper**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Koch Hosp. records**

(b) Address **Koch mo**

17. (a) **Burial** (b) Date thereof **July 13-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S S Catholic Cem.**

18. (a) Signature of funeral director **J. N. Heberlein & Co.**

(b) Address **2843 Meramec St.**

19. (a) **JUL 12 1940** (b) **W. A. Meyer**
(Date received local registrar) (Registrar's signature)

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 Herman A. Gebken

Licensed Embalmer No. 2120

384 1/2 Meramec St.
P. O. Address 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.