

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36313

State File No.

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 2052

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 Lorenzo Lane
(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 Theodore C. Jacoby, Sr.

3. (b) If veteran, name was Spanish American 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mabel Adair (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February 8, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 22 If less than one day
hr. _____ min. _____

9. Birthplace Maplewood, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Oil & Gas operator

11. Industry or business _____

12. Name John W. Jacoby

13. Birthplace Maplewood, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Cramp

15. Birthplace Ballwin, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. C. Jacoby, Sr.

(b) Address 5 Lorenzo Lane

17. (a) Burial (b) Date thereof 11/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yacht Club

18. (a) Signature of funeral director [Signature]
(b) Address 6633 Clayton Rd.

19. (a) NOV 1 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Lorenzo Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1940 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 10, 1939 to Oct. 30, 1940
that I last saw him alive on Oct. 30, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions Arteriosclerosis to 10/30/40
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

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? _____

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

23. Signature Arthur W. Westrey (M. D. or other) xxxx
Address 204 E. Big Bend Rd. Date signed 10/31/40

Duration

10/30/40

3/10/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 1994

P. O. Address..... St. Louis.

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, fact should be so stated above.