No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

SAID NOV 21 1940

36425

State File No.

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1985

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

6 0 5

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 700 Limit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community (unk)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Limit
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Fannie Jacob
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Louis Jacob
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 17, 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 2 If less than one day hr. min.

9. Birthplace New York (City, town, or county) New York (State or foreign country)
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name Solomon Greengard
13. Birthplace (unk) (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Esther (unk)
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant Bentley Jacob
(b) Address 6404 Potomac
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 10-11-40 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation OAK GROVE
18. (a) Signature of funeral director H.B. Berger
(b) Address 4715 McPherson
19. (a) OCT 21 1940 (Date received local registrar) (b) H.B. Meyerstein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19 year 40 hour 6 minute 15 M.
21. I hereby certify that I attended the deceased from 1/1/38, 19..., to 10/19/40, 19...; that I last saw h[er] alive on 10/19/40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocardial degeneration - Hypertensive heart disease	
Due to	
Due to 97	
Other conditions - Chronic ulcerative colitis. (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 James A Mayden (M. D. or other)
Address 1607 N Grand St. Louis Mo Date signed 10/20/40

(Licensed Embalmer's Statement on Reverse Side)

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. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.