

791 STANDARD CERTIFICATE OF DEATH
1003

State File No. 40941
Registrar's No. 10712

Registration District No. _____

Primary Registration District No. _____

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edward H. Jacob
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, married, divorced married
6. (b) Name of husband or wife Elizabeth Jacob 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 26, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own farm

12. Name Henry Jacob

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

14. Maiden name Margdalena Haas

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

16. (a) Informant Elizabeth Jacob

(b) Address Chesterfield, Mo. #1

17. (a) Burial (b) Date thereof 12/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Ellisville, Mo.

18. (a) Signature of funeral director Shadrach Hussar

(b) Address Ballwin, Mo.

19. (a) DEC 27 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. Chesterfield, Mo. #1 Clayton, Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27,
year 1940 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from December 3,
1940, to December 27, 1940;
that I last saw him alive on December 26, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis of brain
Due to Generalized Arterio-sclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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? _____

(e) Means of injury _____ (Specify type of place)

While at work? _____

23. Signature A. R. Shuffler (M. D. or other)

Address 1020 W. 2nd St. Bldg. St. Louis, Mo. Date signed 12-27-40

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, 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, fact should be so stated above.