

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 13167  
Registrar's No. 3597

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town. St. Louis  
(c) Name of hospital or institution: Masonic Home of Missouri  
(d) Length of stay: In hospital or institution 7yr. 7 mo.  
In this community. Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(d) Street No. 5351 Delmar Blvd.  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25,  
year 1941. hour 6.55 minute P. M.  
21. I hereby certify that I attended the deceased from April  
20 1933 to April 25, 1941;  
that I last saw him alive on April 25, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Thrombosis I day.  
Hypertension 3 yrs  
Chronic Myocarditis 1 yr.

Other conditions  
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?  
(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 Helen Campbell (M. D. or other)  
Address 508 N. Grand Blvd. Date signed 4/26-41

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

3. (a) PRINT FULL NAME William N. Jacks

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Hattie Bruce Jacks 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Sept. 5 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 20 hr. min.

9. Birthplace Near Gallatin, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Lived in Masonic Home

MOTHER FATHER { 12. Name J. D. M. Jacks

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

14. Maiden name Mary Tipton

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

16. (a) Informant Clara Roth

(b) Address 5351 Delmar Blvd.

17. (a) Burial (b) Date thereof 4-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla cemetery

18. (a) Signature of funeral director Alvan H. ...

(b) Address 6175 Delmar Blvd.  
19. (c) APR 27 1941 (d) J. F. ...  
(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.....

*Joseph McCulloch*

Licensed Embalmer No. *2460*

P. O. Address.....

*41788 Delmar*

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

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