. No. 2
—1-4-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26282

State File No.

FILED AUG 8 1941

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1546

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

1. PLACE OF DEATH:
(a) County ST Louis
(b) City or town ~~Black Jack Mo R1~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Old Halls Ferry Rd. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 41 Y/R years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ST. Louis 96
(c) City or town Black Jack Mo R1 (If outside city or town limits, write "RURAL") 0
(d) Street No. Old Halls Ferry Rd (If rural, give location) 0
(e) Citizen of foreign country? — — — (Yes or No)
If yes, name country — — —

3. (a) PRINT FULL NAME Theodore Jacobsmeyer
3. (b) If veteran, name war NONE
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 THERSA JACOBSMEYER
6. (c) Age of ~~husband~~ or wife if alive 68 years
7. Birth date of deceased Oct. (Month) 24 (Day) 1875 (Year)

8. AGE: Years 65 Months 8 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name FRED JACOBSMEYER
13. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name CAROLINE BAGEHOLZ
15. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Thersa Jacobsmeyer
(b) Address Florissant Station R.1 Box 215
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 26-1941 (Month) (Day) (Year)
(c) Place: burial or cremation SALEM LUTH. CEM.
18. (a) Signature of funeral director Diedrich Funeral Home
(b) Address 8319 Halls Ferry Rd.
19. (a) JUL 25 1941 (Date received local registrar) (b) R. Meyer M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 10 minute P M.
21. I hereby certify that I attended the deceased from January 24, 1941, to July 23, 1941, that I last saw him alive on July 22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis Coronary Occlusion	6 year
Due to	
Due to 93d	
Other conditions Cardiac decompensation, (Include pregnancy within 3 months of death) Edema of lungs	

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury X 2
23. Signature Dr. Harold G. Hiermann (M. D. or other) D.O.
Address 1449 Mt Lucan Date signed July 24, 1941

(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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.