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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19688

State File No. 5536

FILED JUL 13 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's 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 2808 a Gamble St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 921
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2808 a Gamble St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME George Earl Jacho Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 19 (Day) 1937 (Year)
8. AGE: Years 5 Months 3 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name George Jacho
13. Birthplace (City, town, or county) Ark (State or foreign country)
MOTHER
14. Maiden name Hattie Freeman
15. Birthplace (City, town, or county) Ark (State or foreign country)
16. (a) Informant George Jacho
(b) Address 2808 a Gamble St
17. (a) Burial (Burial, cremation, or removal) (b) Date there 7/3/42 (Day) (Year)
(c) Place: burial or cremation Father Dwyer's Cem
18. (a) Signature of funeral director E. A. Green
(b) Address 2915 Franklin Ave
19. (a) JUN 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1942 hour 12 minute 2 A.M.
21. I hereby certify that I attended the deceased from June 23 1942, to June 26 1942 and that I last saw him alive on June 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary

Due to Personal knowledge 2 days

Due to History 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 J. B. Walthall M.D. (M. D. or other)
Address Date signed 6-27-42

(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. 2963

P. O. Address 2915 Franklin

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.