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V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 100

Registrar's No. 17

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: Alexian Brothers Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis, 924
(If outside city or town limits, write "RURAL")

(d) Street No. 3901a So. Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles J. Jakubeck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frieda Jakubeck

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased August (Month) 16 (Day) 1908 (Year)

8. AGE: Years 34 Months 4 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Baker

11. Industry or business

FATHER
12. Name Alex Jakubeck
13. Birthplace (City, town, or county) Hungary (State or foreign country) 4

MOTHER
14. Maiden name Helen Zehr
15. Birthplace (City, town, or county) Hungary (State or foreign country) 4

16. (a) Informant Frieda Jakubeck
(b) Address 3901a So. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebkin-Berg Mortuary
(b) Address 2842 Meramec St.

19. (a) JAN 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Subarachnoid Hemorrhage of Brain Fracture of Ribs Fracture right Femur When he drove his Truck through a Lowered Crossing gate into the side of a Missouri Pacific Train Manned by Ivan Scheiking Fireman and silos wood Engineer at Bates and Oak Hill Missouri Pacific Railroad tracks

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation

Of autopsy

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) Accident

(b) Date of occurrence St Louis Mo

(c) Where did injury occur? 1-1-43 000 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rail Road Rightway (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Jeffery Room Date signed 1/3/43

(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 Joe D. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St. St. Louis, 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.