S. No. 2
M—5-42
v. 5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 393

FILED FEB 9 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1041

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 11 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4053 Botanical Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna M. Jacobsen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Christ L. Jacobsen

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July (Month) 26 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	5	hr. min.

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

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name John Ayers
13. Birthplace Brooklyn (City, town, or county) New York 0 (State or foreign country)

MOTHER
14. Maiden name Mary Mc Court
15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Edward Jacobsen
(b) Address 4053 Botanical

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 South Grand Blvd.

19. (a) FEB 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1943 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 14th 1943, to Feb. 1, 1943
that I last saw her alive on Jan 31, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	3 wks
Due to Mitral Stenosis + Aortic Stenosis	
Due to Rheumatic Heart Disease	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Mitral + aortic Stenosis Fibrinous Pericardia Passive Congestion

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 Raymond T. Martin (M. D. or other) MD

Address Firmin Desloge Hosp. Date signed 2-1-43

(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 William T Hirom

Licensed Embalmer No. 4319

P. O. Address 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.