

S. No. 2
11-10-39
5-17-39
X21497

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FEB 4 1943 818
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 855

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3118a South 7th 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 _____

3. (a) PRINT FULL NAME Jacob Macklin

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 12, 1862
(Month) (Day) (Year)

8. AGE: Years 80. Months 3 Days 14
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name George Macklin

13. Birthplace Alsace-Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

16. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorraine Hogan

(b) Address 3118 S. 7th St.,

17. (a) Burial (b) Date thereof 1-20, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) JAN 27 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 200 E. Elwood
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 -
year 1943 hour 4 PM. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 27 to Jan 26, 1943
that I last saw him alive on Jan 20, 1943
and that death occurred on (the date and hour stated above).

Immediate cause of death Cerebral Hemorrhage

Due to 6 days

Due to Chronic Myocarditis

Other conditions Sensibility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy ✓

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. S. Pruet (M. D. or other) _____

Address 6006 Virginia Date signed 1-27-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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:

Virgil L. Berryman

Licensed Embalmer No.

4018

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, above space should be left blank.