

APR 19 1943 318

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3290

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:
City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community..... years, months or days)

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. 218 S. 4th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christian Jacobsen

3. (b) If veteran, name war *****
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased. January 21 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 1 20 hr. min.

9. Birthplace. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation. Laborer

11. Industry or business. Unemployed

12. Name. John Jacobsen

13. Birthplace. Sweden
(City, town, or county) (State or foreign country)

14. Maiden name. Anna Knudsen

15. Birthplace. Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant. Walter Jacobsen
(b) Address. 5052 Cabanne Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. April 7 1943
(Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park

18. (a) Signature of funeral director. Petz Brothers

(b) Address. 3029 Lafayette Ave

19. (a) APR 7 1943 (Date received local registrar) J. J. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day March
year 1943 hour 3:25 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. Fracture of Skull, Subdural Hemorrhage of Brain, when he
Due to fall down a flight of steps leading from a loading platform
Due to to the sidewalk in front of 302 S. Broadway March 10 1943
Other conditions. About 1:10 P.M.
(Including pregnancy within 3 months of death)
Accident

Major findings: Of operations. Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... Accident 000
(b) Date of occurrence. March 10 1943
(c) Where did injury occur? St. Louis Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? No (Specify type of place) (e) Means of injury. Fracture

23. Signature Alfred Peters (M. D. or other) Address Superior Date signed 4/7/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

09:1

Faint, mostly illegible text, possibly a header or form title.

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.....

working under my personal supervision.

Faint text, possibly a date or time stamp.

Registered Apprentice No.
Not Embalmed
Signed *Frank J. Owens*

Licensed Embalmer No. *2245*

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.