. S. No. 2
0M—5-42
. 5-17-39

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. 19724

FILED JUL 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5769

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: Missouri Baptist Hospital
(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 17 6

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

(d) Street No. 3111 Kimberly Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Jackels

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 489-09-0378

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Eva B. Jackels

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. (Month) 29th. (Day) 1892 (Year)

8. AGE: Years 50 | Months 6 | Days 23 | If less than one day hr. min.

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

10. Usual occupation Maintainance Man

11. Industry or business Chevrolet Motor Co.

FATHER
12. Name Louis Jackels
13. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Eva B. Jackels
(b) Address 3111 Kimberly Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JUN 24 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd. year 1943 hour 5.25 minute A. M.

21. I hereby certify that I attended the deceased from June 17, 1943 to June 22, 1943 that I last saw him alive on June 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 day
Due to: Arterio Sclerosis	15 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no.	

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. W. Macdonald (M. D. or other)

Address 539 N Grand Date signed 6-22-43

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Donald
539 N. Grand
3-5
Je 9284

JUL 8 - 1943

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 Robert L. Brinkman

Licensed Embalmer No. 9553

P. O. Address 3710 N Grand

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.