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DM-243  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19727**  
Registrar's No. **5559**

**FILED JUN 25 1943**

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis Mo.

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

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

(d) Length of stay: In hospital or institution 3 days  
In this community about 52 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Simon Jacobson

**3. (b) If veteran,** name war none

**3. (c) Social Security No.** none

**4. Sex** male **5. Color or race** white

**6. (a) Single, widowed, married,** 2 divorced, widowed

**6. (b) Name of husband or wife** Ida Diamond Jacobson

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** Sept 26, 1854  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>88</u>	<u>8</u>	<u>19</u>	hr. - min.

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

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** Fur Merchant

**MOTHER** { **12. Name** Herman Jacobson

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

**14. Maiden name** Unknown

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

**16. (a) Informant** Sylvan Jacobson

**(b) Address** 4950 Lindell Blvd

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 6/18/43  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Mt. Sinai

**18. (a) Signature of funeral director** Wagner

**(b) Address** 4356 Lindell Blvd

**19. (a)** JUN 18 1943 (Date received local registrar)  
J. F. Bredbeck (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 009 17 9/12

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

(d) Street No. Kingsway Hotel - 108 N. Kingshighway  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 16 year 1943 hour 6 minute P. M.

**21. I hereby certify that I attended the deceased from** December 1942 to June 16, 1943;  
that I last saw him alive on June 16, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Cardiac Disease

Due to Carcinoma of Prostate Glands

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) 51

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** Herman M. Meyer (M. D. or other) MD.

Address 508 N. Grand Date signed 6/17/43

Duration Several years

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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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..... *Albert G. Happe* .....

Licensed Embalmer No..... *2971* .....

P. O. Address.....

**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.