S. No. 2
DM—2-43
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. 22408

ED JUL 8 1943

Registration District No. 317 Primary Registration District No. 3064 Registrar's No. 1534

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital 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 Mo. (b) County St. Louis 96 13

(c) City or town Overland 1
(If outside city or town limits, write "RURAL")

(d) Street No. 9524 Baltimore Ave.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Theresa Jacobs

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

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

6. (b) Name of husband or wife Late Frank H. Jacobs

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

7. Birth date of deceased Jan. (Month) 29th (Day) 1886 (Year)

8. AGE: Years 57 Months 5 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Charles Steck
13. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary McClain
15. Birthplace ____ (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Frank Jacobs
(b) Address 5938 Lucille Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 6 1943 (Date received local registrar) (b) C. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1943 hour 9 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from 6/26/ 1943 to ____, 19__; that I last saw her alive on 7/2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to ✓

Due to ✓

Other conditions ____
(Include pregnancy within 3 months of death)
None

Major findings:
Of operations ____
Of autopsy yes. 61

Duration

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 [signature] (M. D. or other)
Address 6125 Bushm Date signed ____

Copies 284 8/43

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(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1943

Dr P. J. Reilly
6125 Bartmer

6125 Bartmer Ave.
10-11 & 2-4

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 Richard W. Slouesand

Licensed Embalmer No. 4007

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.