V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29317

LED SEP 4 1943

Registration District No. 7

Primary Registration District No. 3070

Registrar's No. 1976

96
7
4

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: 341 ATALANTA AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 50 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96 7

(c) City or town WEBSTER GROVES 4
(If outside city or town limits, write "RURAL")

(d) Street No. 341 ATALANTA
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME ANNA CHRISTINE JACOBSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JENS C. JACOBSON

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

7. Birth date of deceased APRIL 3 (Month) 1875 (Day) (Year)

8. AGE: Years 68 | Months 5 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace SHETLAND ISL. (City, town, or county) DENMARK (State or foreign country) 4

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name JENS ANDERSON
13. Birthplace SHETLAND, ISL. (City, town, or county) DENMARK (State or foreign country) 4

MOTHER
14. Maiden name CAROLINE KELLER
15. Birthplace SHETLAND, ISL. (City, town, or county) DENMARK (State or foreign country) 4

16. (a) Informant A. L. Anderson

(b) Address 331 MARION AVE. WEBSTER GROVES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-31-1943 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES-MO.

19. (a) SEP 1- 1943 (Date received local registrar) (b) E. G. McGavran (Registrar's signature) F.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1943 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from July 6th, 1943 to Aug 28, 1943 that I last saw her alive on Aug 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Ovary	1 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Obstruction of ureters from Ca.	

Major findings:
Of operations
Of autopsy 49a

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 H. A. Goodrich (M. D. or other)

Address 17 E Lockwood Date signed 8/30/43

(Licensed Embalmer's Statement on Reverse Side)

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 C C Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves 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.