

FILED OCT 2 - 1943 17

Registration District No. _____

Primary Registration District No. 3064

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
Halls Ferry Memorial Home
(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) (Specify whether _____)

3. (a) PRINT FULL NAME James Arthur Jackels

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-01-2118

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Stella Jackels

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct 26 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 11 1 hr. min.

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

10. Usual occupation Clerk

11. Industry or business International Shoe

MOTHER FATHER { 12. Name Louis Jackels

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

14. Maiden name Cora Elizabeth Klein

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

16. (a) Informant Stella Jackels

(b) Address 5411 N Euclid

17. (a) Burial (b) Date thereof Sept 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters

18. (a) Signature of funeral director Provost Mortuary

(b) Address 3710 N Grand Blvd

19. (a) SEP 30 1943 (b) C. M. Carson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Rural Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. Halls Ferry Rd
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 27
and 1943 to Sept 27 1943
that I last saw him alive on Sept 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia of R. Lung Duration _____

Due to _____

Due to _____

Other conditions H6d
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Hellie Shaver (M. D. or other)
Address 4732 - Mayland Date signed 9-28-43

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

96
266
2

096
6
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

R6-1221-

OCT 20 1948

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 C. Brinkman*

Licensed Embalmer No. *3553*

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.