

19973
S. No. 2
OM-2-43
5-17-39
-I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36517

FILED NOV 29 1943 818

State File No. 10037

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital,
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 Days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Jeck (Jack)

3. (b) If veteran, name war. No 3. (c) Social Security 494 10 4076

4. Sex Male 5. Color or race Whit 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Marie-Frances Jack 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. Unknown about 1891
(Month) (Day) (Year)

8. AGE: Years About 52 Months Unknown Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Brewery Worker

11. Industry or business _____

12. Name Paul Jeck

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

14. Maiden name Lena Keller

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

16. (a) Informant Frank Jeck

(b) Address 1720 A S. 9 Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 11/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation. Old S. S. Peter & Paul

18. (a) Signature of funeral director Wm E. Maysell

(b) Address To 26 Allen Av.

19. (a) NOV 16 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 1720 A S. 9 Str. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14, year 1943 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from November 13, 1943 to November 14, 1943 that I last saw him alive on November 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Pulver Pneumonia

Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William J. Dax (M.D. or other)

Address 1515 Lafayette Avenue Date of death 11/14/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave

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.