

FILED JAN 4 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

11654

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of Poor South Side
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 weeks
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Caroline Jacques

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Charles Jacques 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 4, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 19 hr. min.

9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Walz

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

14. Maiden name Mary Ritter

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

16. (a) Informant Emma Paul

(b) Address 3631 Keokuk St.

17. (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 24 1943 (b) J. Bradeck
(Date received local registrar) (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. 3631 Keokuk St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1943 hour 2 minute 0 A. M.

21. I hereby certify that I attended the deceased from 6 months
_____ 19____, to _____ 19____

that I last saw her alive on Dec 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 8 mo

Due to Chronic Myocarditis

Due to _____

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

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)
(c) Means of injury _____

23. Signature Dr. N. K. ... (M. D. or other) _____

Address 3318 So. Grand Blvd. Date signed _____

844

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 *Harry A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.