

FILED JAN 12 1948 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 54

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3927 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rae-Berta Jacobs

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

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

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

7. Birth date of deceased August 23, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 9 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name William Jacobs

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

14. Maiden name Beverly Janis

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

16. (a) Informant William Jacobs

(b) Address 3927 Virginia Ave.

17. (a) Burial (b) Date thereof 1 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Bredenk

(b) Address 13634 Gravois Ave.

19. (a) JAN 4 1944 (b) J. J. Bredenk
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 27
1943 to Jan 2 1944
that I last saw her alive on Jan 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute Bronchitis
Duration 7 days

Due to old tubercle (left)

Due to acute myocardial infarction

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy same as above
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. S. Stone (M. D. or other) MD

Address 1813 Berthel St Date signed 1/3/44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address. St. Louis, 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.