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ev. 5-17-39
I X35697

Mrs. Elizabeth Goebel Jacobsmeyer

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19079

State File No.

FILED JUN 3 1944

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1175

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Pine Crest Homes (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether

In this community 1 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. Box 12 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Goebel Jacobsmeyer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased November (Month) 4 (Day) 1872 (Year)

8. AGE: Years 71 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Pittsburgh (City, town, or county) Pa (State or foreign country)

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lang
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Roy Jacobsmeyer

(b) Address 2609 Montgomery - St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 26 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1944 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 24, 1944 to May 23, 1944 that I last saw her alive on May 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to

Due to

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

Major findings:
Of operations 48 h

Of autopsy

Duration

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 R. W. Jansen (M. D. or other)

Address Manchester Mo Date signed 5/23/44

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis 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.