7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25800

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7473

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 3659 Cook Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis City
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3659 Cook Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pherwilks Jacobs Jr.
Pherwilks

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

4. Sex M. 2
5. Color or race C.
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 16 (Day) 1945 (Year)

8. AGE: Years | Months 2 mo | Days 11 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Pherwilks Jacobs Jr.
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Willie Mae Pleasant
15. Birthplace Warrenton, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Willie Mae Jacobs
(b) Address 3659 Cook Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director E. B. Thomas
(b) Address 1221 N. Grand Blvd
19. (a) AUG 28 1945 (Date received local registrar) (b) J. F. Mercer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27, year 1945 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Intussusception
Due to 1 hr.
Due to 12 hr.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas F. Callan (M.D. or other)
Address Coroner Date signed 8-28-45

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.