WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED SEP 8 1945

Do not use this space.

28474

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1. PLACE OF DEATH

County: St Louis — Registration District No.: 317 — File No.:

Township: — Primary Registration District No.: 0076 — Registered No.: 2150

City: Spanish Lake Mo. (No.) St. Ward)

2. FULL NAME: Mrs. Mathilda Jacobsmeyer

(a) Residence, No.: Florissant Station St., Ward.
(Usual place of abode) Route 7 - Box 4 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 69 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR ~~OR RACE~~: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Jacobsmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 6, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
69	7	24	15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Co, Mo.

FATHER

13. NAME: August Blome

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prussia, Germany

MOTHER

15. MAIDEN NAME: Anna Berdsieker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrenton, Mo.

17. INFORMANT (ADDRESS): Edward Jacobsmeyer, Florissant Station R1

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Burial Salem Cem. DATE: Sept 3, 1945

19. UNDERTAKER (ADDRESS): Diedrich F. Hamp, 8319 Halls Ferry Rd.

20. FILED 9-4-45, 19 — E. G. McGanon MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 31, 1945

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1945, to Aug. 31, 1945

I last saw her alive on Aug. 31, 1945. Death is said to have occurred on the date stated above, at 5-15 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 8-30-45

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Other contributory causes of importance:

Malignant hypertension according to history past 3 years

Name of operation: — Date of: —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorothy M. Ellerich, M. D.

(Address) R.R. 4 - Box 644 - Bellefontaine Rd. - St. Louis Co Mo