

FILED JAN 21 1946
Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 83

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL") 11

(d) Street No. 219 South Taylor
(If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME IDA JACOBI

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 (Day) (Year)

7. Birth date of deceased January 8 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Hugo S. Jacobi

13. Birthplace Germany 4
(State or foreign country)

14. Maiden name Marie Hinkler

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Jacobi - Brother

(b) Address 219 So. Taylor, Kirkwood

17. (a) Burial (b) Date thereof 1-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Helene

18. (a) Signature of funeral director John H. Gapp

(b) Address 219 So. Taylor, Kirkwood

19. (a) 1-11-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Ninth
year 1946 hour Six minute 15 AM.

21. I hereby certify that I attended the deceased from December 30th, 1945 to January 9th, 1946, that I last saw him alive on January 9th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Generalized Peritonitis

Due to _____

Other conditions Cirrhosis of Liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same

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) (e) Means of injury _____

23. Signature Osborn Hendrix (M. D. or other) _____
Address 601 Brentwood Date signed 1-9-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76
2
3

1946

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..... *Felix Hurand*

Licensed Embalmer No. *3034*

P. O. Address..... *Kentwood 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.