S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38243

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 3323

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: PINE CREST HOME 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Y/A. (Specify whether

In this community 1 Y/A. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ~~191~~ St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1916 PALM ST (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA JAKES

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GEORGE JAKES

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

7. Birth date of deceased JAN. (Month) 5 (Day) 1870 (Year)

8. AGE: Years 76 Months 10 Days 12 If less than one day hr. min.

9. Birthplace BREESE (City, town, or county) ILL. (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name JOHN T. HOMANN 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY THEISMANN 4
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant William Jakes

(b) Address 466 Adrian Dr

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 20-1946 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) 11-19-46 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1946 hour 8 minute 22 P M.

21. I hereby certify that I attended the deceased from June 7 2, 1946, to Nov 17, 1946; that I last saw her alive on Nov 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Senility & Diabetes Mellitus

Due to generalized arteriosclerosis

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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 0

23. Signature A. J. Morkin MD (M. D. or ~~other~~) MD

Address 3507 Potomac Date signed 11-22-46

(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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.