

Registration District No. **318** Primary Registration District No. **1902**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DEACONESS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME CHARLES JACOBI

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

4. Sex MALE 5. Color of 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

7. Birth date of deceased: FEB 14 1884
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace: ILL. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation: SCALE MANUFACTURER

11. Industry or business: FRIEND AND HIDE CO.

MOTHER FATHER

12. Name: JACOB JACOBI

13. Birthplace: GERMANY 4
 (City, town, or county) (State or foreign country)

14. Maiden name: HOBA FRIEND

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

16. (a) Informant: Harry Jacobi

(b) Address: WILMOTT ILL

17. (a) REMOVAL (b) Date thereof: 3 30 47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: CHICAGO ILL.

18. (a) Signature of funeral director: Dr. Miller and Co.

(b) Address: 5165 Wilmar Bl.

19. (a) MAR 7 0 1947 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 12
 (c) City or town ST LOUIS 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4903 DILMAR BL. 9
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27TH
 year 1947 hour 5 minute 55 AM

21. I hereby certify that I attended the deceased from Mar 6, 1947 to March 27, 1947;
 that I last saw him alive on March 27, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death: multiple carcinomatous

Due to: Primary carcinoma - prostate gland

Due to: transverse colon

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma - transverse colon & multiple carcinomatous
 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? _____

While at work? _____ (Specify type of place)
 (a) Means of injury _____

23. Signature: Robert K. Smith (M. D. or other) 20
 Address: 916 No. Third Bldg. Date signed: 7/28/47

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

