

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **1 week.**
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri.** (b) County..... **000**

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

(d) Street No..... **4165 Westminster.**
(If rural, give location)

(e) Citizen of foreign country?..... **no.** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **ELIA JAKUES.**

(b) If veteran, name war..... **none.**

(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..... **Emanuel Jakues.**

6. (c) Age of husband or wife if alive..... **Dec'd.** years

7. Birth date of deceased..... **May 25, 1861.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85. **9.** **27.** hr. min.

9. Birthplace..... **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home..**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Unknown.**

13. Birthplace..... **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown.**

15. Birthplace..... **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Eugene' Barbara Jakues.**

(b) Address..... **4165 Westminster.**

17. (a) **Interrment.** (b) Date thereof..... **3/24/47.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery..**

18. (a) Signature of funeral director..... **C. R. Lupton & Sons.**

(b) Address..... **#7233 Delmar Blv'd.**

19. (a) **MAR 24 1947** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **22nd,**
year..... **1947.** hour..... **6:55** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **January 2,**
1927 19..... to..... **March 22, 1947** 19.....
that I last saw h..... or alive on..... **March 22, 1947** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Lobar Pneumonia,

Due to..... **10%**

Due to.....

Other conditions..... **Auricular Fibrulation,** **24 hrs.**
(Include pregnancy within 3 months of death)

Major findings: -----

Of operations..... -----

Of autopsy..... -----

Duration
12
days

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?..... Means of injury..... **0**

23. Signature..... **C. R. Lupton** (M. D. or other)..... **0**

Address..... **320 Metropolitan Bldg.** Date signed..... **3/24/47**

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

Dr. O. C. Raines,
Metropolitan Bid'g.,
JE: 5101.
See at office @ 8:15 A.M.

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 *Raymond L. Harris*
Licensed Embalmer No. *4330*
P. O. Address *Maplewood, 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.