

S. No. 2
1-12-45
7-5-17-39
X 47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 18973
Registrar's No. 5191

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Jewish Hos'p
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 wks (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNIE R. JACOBS

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Milton M. Jacobs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 17 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>7</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER, FATHER { 12. Name Ruben Joel

13. Birthplace London England 4
(City, town, or county) (State or foreign country)

14. Maiden name Maria Isaacs

15. Birthplace London England 11
(City, town, or county) (State or foreign country)

16. (a) Informant Maria Jacobs

(b) Address 5394 Pershing

17. (a) Cremation (b) Date thereof 5/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Wagner

(b) Address 4356 Lindell Blvd

19. (a) MAY 25 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 5394 Pershing Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1947 hour 10, minute 00 P. M.

21. I hereby certify that I attended the deceased from April 2, 1947 to May 24, 1947
that I last saw her alive on May 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia (see records) / Arterio-sclerosis (aortic & cerebral, with cerebral softening)

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

Major findings: Of operations _____

Of autopsy As above

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)

(e) Means of injury _____

23. Signature Jerome E. Cook (M. D. or other) _____
Address 502 N. Grand Blvd Date signed 5/25/47

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 Neville M. Brammer

Licensed Embalmer No. 4200

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.