V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43160

FILED JAN 9 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11985

1. PLACE OF DEATH:

(a) County
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5711 Itaska Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 14 5711 Itaska Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Alex Jakubeck
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Matilda Jakubeck
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: July (Month) 16 (Day) 1880 (Year)

8. AGE: Years 67 Months 5 Days 13 If less than one day hr. min.

9. Birthplace: Czechoslovakia (City, town, or county) (State or foreign country)
10. Usual occupation: Baker
11. Industry or business: Retired

MOTHER, FATHER
12. Name: Unknown
13. Birthplace: Czechoslovakia (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant: Matilda Jakubeck
(b) Address: 5711 Itaska Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Resurrection Cemetery
18. (a) Signature of funeral director: C. Hoffmeister Colonial Mortuary
(b) Address: 6464 Chippewa St.
19. (a) DEC 30 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29 year 1947 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept. 16 1947 to 12/29 1947 that I last saw him alive on 12/29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration
Due to: generalized arteriosclerosis
Due to: Oesophageal varices
Other conditions: Gastro intestinal hemorrhage
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause of 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

23. Signature: Thomas A. Coates M.D. (M. D. or other)
Address: 4922 Hampton Date signed: 12/29/47

Jefferson City Printing Co.

(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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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, above space should be left blank.