No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 20 1948

Registration District No. 918

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17680 4468

Registrar's No.

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

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: 4529 Fair Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 400

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4529 Fair Ave 9
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME Anna D. Jacobsmeyer

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 26 (Day) 1862 (Year)

8. AGE: Years 85 Months 8 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Herman Sills
13. Birthplace (City, town, or county) Holland (State or foreign country) 4

MOTHER
14. Maiden name Dorothy Cauvi
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Lillian Jacobsmeyer
(b) Address 4529 Fair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave.

19. (a) (Date received by registrar) MAY 12 1948 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1949, 19, to May 10 48, 19; that I last saw her alive on May 10 48; and that death occurred on the date and hour stated above.

Immediate cause of death: Ascites Myocardiales Mitral Regurgitation — Duration: 2 days, 1 yr

Due to 1/2 1/2

Due to

Other conditions Senility, Pulse Sclerosis
(Include pregnancy within 3 months of death)
Ch. Nephritis.

Major findings:
Of operations

Of autopsy

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 B. F. Riegel (M. D. or other)

Address 1875 Madison Date signed 5/11/48

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 William G. Buchholz.

Licensed Embalmer No. 2110 8

P. O. Address St. Louis 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.