

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

27852
7362

Registrar's No.

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: 4981 Oleatha Ave.
(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 LEONARD JACOBUS

3. (b) If veteran,

name war _____

3. (c) Social Security No. _____

4. Sex male 0. 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Ottillia Jacobus 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased April 28th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 22 hr. min.

9. Birthplace Millstadt, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Charles Jacobus
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Margaret (unknown)
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas J. Haggerty-Daughter

(b) Address 4981 Oleatha Avenue

17. (a) Removal (b) Date thereof 8-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Millstadt, Illinois

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 3848 N. North Euclid Avenue (15)

19. (a) AUG 22 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

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. 4981 Oleatha Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 20th
year 1948 hour 11:05 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Time
13 Aug 20 48 to Aug 20 1948
that I last saw him alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Dissection of Coronary
Arteries
Due to _____

Due to Arterio Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Herbert P. Smith or other _____
Address 520 5th Chippewa Date signed 8-24-48

Dr. Herbert P. Smith -

5205th Chippawa

St. L. 5200

Je. 5858.

Home - Victor 33111

Lappington Rd.

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.....

Licensed Embalmer No.....

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.