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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41554

Registration District No. 818 Primary Registration District No. 1005 Registrar's No. 10631

WRITE PLAINLY—USE 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: 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 7200 Calvin Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Monroe M. Jaccard

3. (b) If veteran, name war World #1.

3. (c) Social Security No. 399-07-96 15

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Erna Jaccard

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 19, 1895
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name George Jaccard
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Erna Jaccard
(b) Address 7200 Calvin Ave Jennings, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jefferson Barracks, Mo.

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

19. (a) DEC 7 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th year 1948 hour 7:~~30~~ PM minut 060 M.

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

Immediate cause of death External Hemorrhage or Multiple fractures when he fell down a elevator shaft of the University Club Blue Room 7:06 PM Dec 6, 1948

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence 12-6-1948 [illegible]

(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? Work
(Specify type of place)

While at work? (e) Means of injury to [illegible]

23. Signature Dr Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 12-7-48

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1945

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 Wilford G Burnley

Licensed Embalmer No. 4200

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.