

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 2835  
966  
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				17			
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor 3235 N. Florissant ave				d. STREET ADDRESS (If rural, give location) 3235 N. Florissant				1			
3. NAME OF DECEASED (Type or Print) Mary Pauline Jacobs			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH Jan 30 49		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Dec 26, 1970			
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) employee		10b. KIND OF BUSINESS OR INDUSTRY Civil service		11. BIRTHPLACE (State or foreign country) Dubuque Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME John P Wettstein			13b. MOTHER'S MAIDEN NAME Anna Fricker			14. NAME OF HUSBAND OR WIFE Max Jacobs					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Wallace N. Jacobs					ADDRESS 1001 Bailton Memphis Tenn		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Large Colloidal Goitre				INTERVAL BETWEEN ONSET AND DEATH 5 days 2 years 40 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				19c. (CITY, TOWN, OR TOWNSHIP) St. Louis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis		(COUNTY)		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 1-5-49, 10:17 to 1-30-49, that I last saw the deceased alive on 1-29-49, 1949, and that death occurred at 5:24 m., from the causes and on the date stated above.											
23a. SIGNATURE Bernard A. Doherty				(Degree of title)		23b. ADDRESS 2435 N. Grand Blvd		23c. DATE SIGNED 1-31-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 1, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		24d. LOCATION (City, town, or county) 7600 Rockhill road		(State) Mo			
DATE REC'D BY LOCAL REG. FEB 1 1949		REGISTRAR'S SIGNATURE J. B. Jasper			25. FUNERAL DIRECTOR'S SIGNATURE A. Krou		ADDRESS L & U. Co 2707 N. Grand Blvd				

(Licensed Embalmer's Statement on Reverse Side)

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

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**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-----

..... Student Embalmer No. ....

working under my personal supervision.

Signed *Stanley H. Dixon* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4193* .....

P. O. Address *St. Louis* .....

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.