

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10216
State File No. 2943
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY OR TOWN <u>St. Louis, Mo.</u>			c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>St. Louis</u>			17 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2710 S. Grand Blvd.</u>				0	
3. NAME OF DECEASED (Type or Print) <u>Anna Jacobi</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 30, 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 18, 1904</u>		9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>	IF UNDER 1 HR. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>John Stork</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Meis</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. F. E. Jacobi</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Stork</u>		ADDRESS <u>2710 S. Grand</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (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 <u>3-27</u> , 19 <u>40</u> , to <u>3-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-30</u> , 19 <u>49</u> , and that death occurred at <u>6:15</u> p. m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R.V. Powell, M.D.</u> (Degree or title) _____				23b. ADDRESS <u>3720 Washington</u>			23c. DATE SIGNED <u>3/31/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> (State) _____					
DATE REC'D BY LOCAL REG. <u>MAR 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 200
10-48

Boss - Reid

R.V. Farrell
1-4 3720 Washington

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *David Lee Toban*

Signed _____
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.