

FILED MAY 5 1949 STANDARD CERTIFICATE OF DEATH

13866

State File No. _____

318

1003

3549

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 <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, Mo. R</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>467 N. TAYLOR AVE. ST. LOUIS, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>4421 ASHLAND AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>R.</u> c. (Last) <u>JACQUEMIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19TH 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 29TH 1899</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 2 HRS. Hours <u>20</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POLICEMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>METROPOLITAN POLICE DEPT.</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo.</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>FREDERICK JACQUEMIN</u>		13b. MOTHER'S MAIDEN NAME <u>CORA M. LINDERS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. AVERIL N. JACQUEMIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. AVERIL N. JACQUEMIN, 4421 ASHLAND AVE.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Occlusion</u>	
				DUE TO (c) <u>Coronary Sclerosis</u>	
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>94</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4211</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1240 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifford Perry Deputy Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIRAM CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co., Mo.</u>	

DATE REC'D BY LOCAL REG <u>APR 20 1949</u>		REGISTRAR'S SIGNATURE <u>J B Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ, 4828 NATURAL BRIDGE</u>	
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WRITE PLAINLY—USING UNFAADING 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.

Student
Student Embalmer

Signed John A. Miller

Licensed Embalmer No. 4186

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.