

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1949

State File No. **31871**  
Registrar's No. **8051**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5861 Cates Ave. B</b>	
d. STREET ADDRESS (If rural, give location) <b>4001 Washington</b>		3. NAME OF DECEASED a. (First) <b>Nannie</b> b. (Middle) <b>B.</b> c. (Last) <b>Jacobs</b>	
4. DATE OF DEATH <b>Sept. 16, 1949</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>March 31, 1862</b>		9. AGE (In years last birthday) <b>87</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Springfield, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Sherman P. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Ada H. Prince</b>	
14. NAME OF HUSBAND OR WIFE <b>Niels Wm. Jacobs</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. von Fursch, 4001 Washington</b> ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronche Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) <b>Senility</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>Seven years</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <b>97</b>		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? <b>Auto</b>	
22. I hereby certify that I attended the deceased from <b>Sept 4<sup>th</sup> 1949, 8:45/9:00<sup>am</sup></b> , 1949, that I last saw the deceased alive on <b>Sept 13, 1949</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>G. B. Jacobs</b> (Degree or title)		23b. ADDRESS <b>3306 So. 13<sup>th</sup></b>	
23c. DATE SIGNED <b>9/17/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
24b. DATE <b>9-19-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gibson City, Ill.</b>	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <b>SEP 17 1949</b>	
REGISTRAR'S SIGNATURE <b>G. B. Jacobs</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington Blvd.</b> ADDRESS	

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

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.