No. 300
10.48

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35260

State File No. 9252

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis ( )
c. LENGTH OF STAY (in this place): 10 days.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Crawford 24
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steelville 2
d. STREET ADDRESS (If rural, give location): N. R. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Dean
b. (Middle): Emerson
c. (Last): Jacobs

4. DATE OF DEATH (Month) (Day) (Year): 10-27-49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6, 1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (State or foreign country): Durand, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Louis Jacobs
13b. MOTHER'S MAIDEN NAME: Unavailable
14. NAME OF HUSBAND OR WIFE: Mary Elizabeth Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N (If yes, give war or dates of service): NIL
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME MO. ADDRESS: Mary Elizabeth Jacobs, Steelville

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): PULMONARY EMBOLUS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prostatectomy
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10-18-49
19b. MAJOR FINDINGS OF OPERATION: Benign hypertrophy of prostate
20. AUTOPSY? YES ☐ NO ☐

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): 137
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 1.12 X

22. *I hereby certify that I attended the deceased from* Oct. 10, 1949, *to* Oct. 27, 1949, *that I last saw the deceased alive on* Oct. 26, 1949, *and that death occurred at* 4:00a *m., from the causes and on the date stated above on* 10-27-49

23a. SIGNATURE (Degree or title): Andy Hall, Jr., M.D.
23b. ADDRESS: University Club Bldg., St. Louis, Mo.
23c. DATE SIGNED: 10-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-27-49
24c. NAME OF CEMETERY OR CREMATORY: Steelville, Cemetery
24d. LOCATION (City, town, or county) (State): Steelville, Missouri

DATE REC'D BY LOCAL REG.: OCT 27 1949
REGISTRAR'S SIGNATURE: J. B. [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3748

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.