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FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21656

State File No. ....

318

1003

Registrar's No. .... 4549

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		b. COUNTY St. Clair	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Belleville	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul		d. STREET ADDRESS (If rural, give location) 9827 W. Main St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle)	c. (Last) Jacobs	4. DATE OF DEATH (Month) (Day) (Year) May 20 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	IF UNDER 1 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mt. Olive, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John Henry Jacobs	13b. MOTHER'S MAIDEN NAME Marie Beese	14. NAME OF HUSBAND OR WIFE Olive Reese Jacobs
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Olive Jacobs	ADDRESS Belleville Ill
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Possible Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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>H201</u>
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22. I hereby certify that I attended the deceased from 5/17, 1950, to 5/20, 1950, that I last saw the deceased alive on 5/19, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edmund A. Lindt</u>	(Degree or title)	23b. ADDRESS <u>Georgetown Medical</u>	23c. DATE SIGNED <u>5/21/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 20, 1950	24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Ill	24d. LOCATION (City, town, or county) (State) East St. Louis, Ill
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DATE REC'D BY LOCAL HEALTH DEPT. MAY 22 1950	REGISTRAR'S SIGNATURE <u>J. B. Casater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas M. Burke</u>	ADDRESS East St. Louis, Ill
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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 Chas M. B...

Licensed Embalmer No. 2421

P. O. Address E. 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.