

FILED DEC 18 1950 STANDARD CERTIFICATE OF DEATH

42421
State File No.

Registrar's No. 10352

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 5156 Rosa Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5156 Rosa Ave.

3. NAME OF DECEASED
a. (First) JOSEPH b. (Middle) H. c. (Last) JACOBSMEYER
4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 20, 1890 9. AGE (In years last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor of Grocery & Meat Market
10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.
11. BIRTHPLACE (State or foreign country) _____
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Henry Jacobsmeyer
13b. MOTHER'S MAIDEN NAME Josephine Verhorst
14. NAME OF HUSBAND OR WIFE Marie E. Jacobsmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
16. SOCIAL SECURITY NO. W.M.E.
17. INFORMANT'S SIGNATURE OR NAME Marie E. Jacobsmeyer
ADDRESS 5156 Rosa Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris
INTERVAL BETWEEN ONSET AND DEATH 1 hour
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
II. PRECEDENT CAUSE
III. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec. 5th, 1950, to Dec. 5th, 1950, that I last saw the deceased alive on Dec. 5th, 1950, and that death occurred at 7:15 Am., from the causes and on the date stated above.

23a. SIGNATURE G. M. Schuricht, M.D.
23b. ADDRESS 5182 Rosa Ave.
23c. DATE SIGNED 12-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 7, 1950
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. _____
REGISTRAR'S SIGNATURE J. W. ...
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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

JAN 29 1950

1182

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Edwin A. M. Herriott*

Licensed Embalmer No. *3024*

P. O. Address.....

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.