

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24789**  
**6312**

No. 300  
10.48

FILED JUL 26 1951

**1003**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>5720 Missouri</b> COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 week</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				STREET ADDRESS (If rural, give location) <b>5720 Lindenwood</b> <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William M.</b>		b. (Middle) _____		c. (Last) <b>Jacobs</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 14 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Unknown - abt.</b>		9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Mills</b>		11. BIRTHPLACE (State or foreign country) <b>Breslau Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Helen R. Jacobs</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>325-01-9495</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Helen R. Jacobs - 5720 Lindenwood</b>			
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>CORONARY OCCLUSION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSION - ARTERIO SCLEROSIS.</b> DUE TO (c) <b>CHRONIC MYOCARDITIS</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>48 HRS.</b> <b>10 YRS</b> <b>10 YRS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)			
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>H2O-1</b>			
22. I hereby certify that I attended the deceased from <b>7-3-</b> <b>51</b> to <b>7-14-</b> <b>51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>7-14-</b> <b>51</b> , 19 <b>51</b> , and that death occurred at <b>4:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. J. Gaudenson, M.D.</b>				23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>7-16-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 17-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL <b>JUL 16 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Karsten</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman Rudolph Inc, 5216 Delmar</b>			

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Peter B. Dubrouillet*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address. *Richmond Hospital*

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.