

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27970  
Registrar's No. 166

FILED AUG 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u> <u>0920</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>WILL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONEE</u> <u>8120</u>	
c. LENGTH OF STAY (in this place) <u>22 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL EMMAUS HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTA</u> b. (Middle) <u>JOHANNA</u> c. (Last) <u>JAKOB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 10, 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JULY 25, 1892</u>		9. AGE (in years last birthday) <u>59</u>		10. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	

13a. FATHER'S NAME <u>JOHN JAKOB</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE JAKOB</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herphil Stoercken, ST. CHARLES, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken compensation</u> (2 hrs.) INTERVAL BETWEEN ONSET AND DEATH <u>25 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Low Grade Mucron</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 10<sup>th</sup>, 1951, to Aug 10<sup>th</sup>, 1951, that I last saw the deceased alive on Aug 9<sup>th</sup>, 1951, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. P. Erich Schick</u>		23b. ADDRESS <u>St Charles Mo</u>		23c. DATE SIGNED <u>8/10/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug 11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wormwood Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-10-51</u>		REGISTRAR'S SIGNATURE <u>Harriet K. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wormwood - Home St Charles Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

AUG 21 1951

RECEIVED

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**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 Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address: St Charles 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.