

FILED MAR 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. **10146**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2027**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		d. STREET ADDRESS (If rural, give location) 6 5329 NORTHLAND AVE	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MARY	b. (Middle) P.	c. (Last) JAKUBIAK	MARCH 1, 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 1	8. DATE OF BIRTH 12/5/1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MARTIN JAKUBIAK	13b. MOTHER'S MAIDEN NAME LEOKADIA RYCZEK	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME THEODORE JAKUBIAK
		ADDRESS 5329 NORTHLAND AVE

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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid		
	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 Aug 24	19b. MAJOR FINDINGS OF OPERATION Resectable Ca of sigmoid	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) no
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR no

22. I hereby certify that I attended the deceased from **Aug 2, 1952** to **Mar 2, 1952**, that I last saw the deceased alive on **Mar 2, 1952**, and that death occurred at **3:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Henry B. Hoyle	(Degree or title) M.D.	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 3/3/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/4/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG. MAR 3 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	ADDRESS 1600 NATURAL BRIDGE
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. *3077*

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.