

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10149**  
**1732**  
Registrar's No.

FILED MAR 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
c. LENGTH OF STAY (In this place) <b>43 yrs</b>		<b>2029</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5430 Cologne</b>		d. STREET ADDRESS (If rural, give location) <b>5430 Cologne</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Florence</b>	b. (Middle) <b>E</b>	c. (Last) <b>Jecmen</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 22, 1952</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 12, 1908</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 6 HRS. Hours	IF UNDER 6 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gen'l Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Printing Bus.</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Wm J Coombs</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Selfridge</b>	14. NAME OF HUSBAND OR WIFE <b>Adolph Jecmen</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Adolph Jecmen</b>	ADDRESS <b>5430 Cologne</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Taxal deficiencies</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			8 years
DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Metastases + Peritoneal nodules</b>	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)
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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? <b>171X</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **2-22**, 19**52** that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:40A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Gerard M. N.</b>	(Degree or title)	23b. ADDRESS <b>812 Clark St St Louis 2/2/52</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/25/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Afton, Mo.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 25 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L Ziegenhein &amp; Sons</b>	ADDRESS <b>7027 Gravois</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Neville D. Froelwetter* .....

Licensed Embalmer No. *3696* .....

P. O. Address *7027 Garvois* .....

**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.