

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 27 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5313

5

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

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, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 3400 S. Grand Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor		e. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor	
3. NAME OF DECEASED a. (First) Jacob (Type or Print)		b. (Middle) J.	
c. (Last) Makel		4. DATE OF DEATH (Month) (Day) (Year) June 10 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 19 1875
9. AGE (In years, last birthday) 76		10. IF UNDER 1 YEAR (Month) (Day) (Year) 6 1	
11. IF UNDER 2 HRS. (Hour) (Min.)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob B. Makel		13b. MOTHER'S MAIDEN NAME Mary Peronak	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Sister Henry	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION Arterio Sclerosis general	
19. ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		19. INTERVAL BETWEEN ONSET AND DEATH 5 yr	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 4500	
22. I hereby certify that I attended the deceased from June 8 1952 to June 10 1952 , that I last saw the deceased alive on June 7 1952 , and that death occurred at 8 9 p.m. from the causes and on the date stated above.			
22a. SIGNATURE (Design or title) John H. Gebken		22b. ADDRESS 2630 Gravois Ave.	
22c. DATE SIGNED 6/10/52		23. DATE OF BURIAL, CREMATION, REMOVAL (Specify)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/11/52	
24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. JUN 10 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken		ADDRESS Sons 2630 Gravois Ave.	

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

Robert F. Gebken

Signed.....

Student Embalmer

Licensed Embalmer No. **4144**

P. O. Address **2630 Gravois Ave.**

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.