

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30661

State File No. _____

S. No. 300

IV. 10. 48

WED OCT 6 1952

REG. DIST. NO. 10

PRIMARY REG. DIST. NO. 4020

Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg		c. LENGTH OF STAY (in this place) 8 hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson	
		d. STREET ADDRESS (If rural, give location) 45 North Maple	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) AGNES	
		c. (Last) JACOBI	
		4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House work	9. AGE (In years last birthday) 65
		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Herman Heithaus		13b. MOTHER'S MAIDEN NAME Jessie Ande	
		14. NAME OF HUSBAND OR WIFE Henry A. Jacobi	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
		17. INFORMANT'S SIGNATURE OR NAME Henry Jacobi	
		ADDRESS no	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	
		INTERVAL BETWEEN ONSET AND DEATH 30 min	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
22. I hereby certify that I attended the deceased from Sept 25, 1952 , to Sept 28, 1952 , that I last saw the deceased alive on Sept 28, 1952 and that death occurred at 7:30 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE J. Byland		23b. ADDRESS 242 Walsville, Mo	
		23c. DATE SIGNED 10/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/3/52	
		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
		24d. LOCATION (City, town, or county) (State) Ferguson, Missouri	
DATE REC'D BY LOCAL REG. Oct 2-1952		REGISTRAR'S SIGNATURE Blanche Neely	
		25. FUNERAL DIRECTOR'S SIGNATURE H. B. Kelly	
		ADDRESS Walsville, Mo	

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

NOV 26 1952

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 A. B. Kells

Licensed Embalmer No. 1588

P. O. Address Kellsville 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.