

U.S. No. 5 FILED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34347

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 359

0143 &

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>7 mo 21 day</u>	c. CITY OR TOWN <u>Maplewood</u>		4534
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No 1</u>			d. STREET ADDRESS (If rural, give location) <u>7452 Lyndover</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Evelyn</u> b. (Middle) _____ c. (Last) <u>Jacobs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1952</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 30, 1896</u>	9. AGE (in years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 M. OR 1 W. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nurse</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arizona</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Marion Jacobs</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Belle Murray</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>	ADDRESS <u>Fulton Mo</u>
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Burns on buttocks</u>		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E9367</u> <u>47</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Hosp. ward</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Callaway MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 14 1952</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Do not know.</u> 137

22. I hereby certify that I attended the deceased from July 1, 1952, to Oct 26, 1952, that I last saw the deceased alive on Oct 26, 1952, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Henry Fowler M.D. by State Hosp. Fulton Mo</u>	23b. ADDRESS <u>State Hosp. Fulton Mo</u>	23c. DATE SIGNED <u>10/27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-27-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 31 1952</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MAUPIN FUNERAL Home</u>	ADDRESS <u>Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

NEW YORK

6-9508

11018

179 Sept-16

Pauline Helge
Vivian Rude

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 John Ross
Licensed Embalmer No. 2355

P. O. Address Shulton 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.