

REG# 104837

FILED OCT 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2594

4000

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MACOUPIN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>28 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CARLINVILLE</b>		8128
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>831 PRAIRIE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>W.</b>	c. (Last) <b>JACOBY</b>		4. DATE (Month) (Day) (Year) OF DEATH <b>OCTOBER 7, 1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 29, 1898</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MORTICIAN (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FUNERAL HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BRIGHTON, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>WILLIAM C. JACOBY</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA C. MILLER</b>		14. NAME OF HUSBAND OR WIFE <b>REBA JACOBY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI</b>		
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) <b>GASTRO-INTESTINAL HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
			ANTECEDENT CAUSES DUE TO (b) <b>ESOPHAGEAL VARICES</b>		
			DUE TO (c) <b>LAENNEC'S CIRRHOSIS</b>		<b>8 months</b>
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>5811</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) <b>VA</b>		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 <u>9-9-, 1952</u> , to <u>10-7-, 1952</u> , and that death occurred at <u>7:03P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>W. J. Klemenskas, M.D.</b>		23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>10-8-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>10-8-52</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Jerseyville, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>10-8-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Gombert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington</b>	

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. J. Reynolds

Licensed Embalmer No. 4283

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.