

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40339

State File No.

No. 300
10.48

FILED DEC 12 1952

Registrar's No. **10642**

BIRTH NO. _____ REG. DIST. **318** PRIMARY REG. DIST. **1003**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 50 yrs.		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 4212 N. Florissant Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Jakes			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1883	9. AGE (In years: last birthday) 69	IF UNDER 1 YEAR: Months Days IF UNDER 10 YRS: Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical worker		10b. KIND OF BUSINESS OR INDUSTRY Mallinckrodt C. CO.		11. BIRTHPLACE (City and State or Foreign Country) Austria-Hungary	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown Jakes		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mathilda Jakes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mathilda Jakes 4212 N. Florissant Ave.	

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) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease Not known			
		DUE TO (c) Arterio-sclerosis Not known			
		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.			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201		

22. I hereby certify that I attended the deceased from **Nov 8, 1952** to **Nov 18, 1952** that I last saw the deceased alive on **Nov 18, 1952**, and that death occurred at **8:40 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. B. Joffe MD		23b. ADDRESS 4222 N. Grand		23c. DATE SIGNED 11-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/22/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis MO			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 19 1952 J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. UEDMEYER & SON'S 3934 N. 20th Street.	
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Licensed Embalmer's Statement on Reverse Side

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

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

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.