U.S. No. 300
Rev. 10-40

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41121

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3152

4000

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ferninand TWP
c. LENGTH OF STAY (in this place): 50 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R#2 Box 457 Florissant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ferninand Twp 405
d. STREET ADDRESS (If rural, give location): R#2 Box 457 Florissant

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Julius W. Jacobsmeyer

4. DATE OF DEATH (Month) (Day) (Year): Dec 8th, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar 19th, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Co.,
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Jacobsmeyer
13b. MOTHER'S MAIDEN NAME: Caroline Bogeholz
14. NAME OF HUSBAND OR WIFE: Mary Jacobsmeyer

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.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary Jacobsmeyer, R#2 Box 457 Florissant, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 442X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Jan 25, 1952, *to* 12-8, 1952, *that I last saw the deceased alive on* 12-7, 1952, *and that death occurred at* 5:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): McStachle MD.
23b. ADDRESS: 7124 Natural Bridge
23c. DATE SIGNED: 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/11/52
24c. NAME OF CEMETERY OR CREMATORY: Salem Ev.Luth. Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co.,Mo.

DATE REC'D BY LOCAL REG.: 12-9-52
REGISTRAR'S SIGNATURE: Herbert R. Daniels - P.T.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Diedrich F.Home, 8319 Hallsferry

(Licensed Embalmer's Statement on Reverse Side)

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 Eleanor Prince

Licensed Embalmer No. 3403

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.