

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10354

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 0594 Registrar's No.

500
1

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Meramec Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis City</u>	
d. FULL NAME OF (If in hospital or institution, give street address or location) <u>Eureka Mo RPH</u>		d. STREET ADDRESS (If rural, give location) <u>2506 So 12th Street 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>W.</u> c. (Last) <u>JACOBS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10-1953</u>	
--	--	---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 23-1892</u>	9. AGE (In years last birthday) <u>60</u> If under 1 year: Months <u>5</u> Days <u>23</u> If under 6 mos: Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>House Springs Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>J. F. Jacobs</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Trower</u>	14. NAME OF HUSBAND OR WIFE <u>Lulu B. Busch Jacobs</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary F. Jacobs Eureka Mo R.P.H.</u> ADDRESS _____
---	--	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regurgitation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Heart Disease</u>		
	DUE TO (c) _____		
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) <u>410 X</u>
--	--	--

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? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Edwards M.D.</u> (Degree or title)	23b. ADDRESS <u>Cedar Hill Mo</u>	23c. DATE SIGNED <u>3/13/53</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local Baptist Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar Hill Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Mar 21 1953</u>	REGISTRAR'S SIGNATURE <u>Ruth Jisca</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Drummer</u> ADDRESS <u>House Springs Mo</u>
---	---	--

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED

MAR 24 1953

OCT 21 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John W. Bremer

Signed.....

Student Embalmer

Licensed Embalmer No. 1470

P. O. Address House Springs 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.