

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26522
6618

FILED JUL 31 1953

State File No.
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u>				b. COUNTY <u>Peoria</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>43 Days</u>		c. CITY OR TOWN <u>Peoria</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>8120</u> <u>9</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amy Lou</u>			b. (Middle) <u>Lou</u>			c. (Last) <u>Jacobs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>2</u> <u>53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 8, 1921</u>		9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Peoria, Ill.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Clarence Richard</u>			13b. MOTHER'S MAIDEN NAME <u>Christina Hebbel</u>			14. NAME OF HUSBAND OR WIFE <u>Richard Jacobs</u>					
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Jacobs, Peoria, Ill.</u>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Biliary Cirrhosis</u>									
		ANTECEDENT CAUSES DUE TO (b) <u>Post operative stricture of common bile duct</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 <u>6/3/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>As above</u>				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>581.0</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>5/20</u> , 19 <u>53</u> , to <u>7/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7/2</u> , 19 <u>53</u> , and that death occurred at <u>6:55 p. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Harvey R. Bernau</u>				23b. ADDRESS <u>Barnes Hospital St. Louis, Mo.</u>				23c. DATE SIGNED <u>7/2/53</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-3-53</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Peoria, Ill.</u>					
DATE REC'D BY LOCAL REG. <u>JUL 3 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>					

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.....
Signature of Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No...4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.