V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45205

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12243

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7408 TENNESSEE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY 2019
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 0
d. STREET ADDRESS (If rural, give location) 7408 TENNESSEE

3. NAME OF DECEASED (Type or Print)
a. (First) JAQUES
b. (Middle) ***
c. (Last) BLOSS

4. DATE OF DEATH (Month) (Day) (Year) DEC.26.1953

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH JULY,11,1866
9. AGE (In years last birthday) 87 | 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) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY ****
11. BIRTHPLACE (City and State or Foreign Country) ALSACE-LORRAINE 8
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE MARIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 488-18-8773
17. INFORMANT'S SIGNATURE OR NAME ARCELLA HEADY 7408 TENNESSEE ADDRESS ST. LOUIS, M

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) Coronary Occlusion

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) Extreme age

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from Jan, 1952 to Dec 26, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 10:40P m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) M.D. 0
23b. ADDRESS 1504 S. Grand
23c. DATE SIGNED Dec 28/53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE DEC.30.1953
24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY
24d. LOCATION (City, town, or county) (State) 1215 LEMAY FERRY ROAD

DATE REC'D BY LOCAL REG. DEC 28 1953
REGISTRAR'S SIGNATURE J Carl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U. & L. CO. ADDRESS 7814 SO. BROADWAY ST. LOUIS, MO.

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.