

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35521**  
Registrar's No. **9278**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10 4369a St. Louis Avenue 21090</b>	

3. NAME OF DECEASED (Type or Print) <b>Lydia</b>	a. (First)	b. (Middle)	c. (Last) <b>Jacobs</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 10 54</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>3 Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 9, 1896</b>	9. AGE (In years last birthday) (Month) (Day) (Year) <b>58 2</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
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13a. FATHER'S NAME <b>George Higgins</b>	13b. MOTHER'S MARRIAGE NAME <b>Georgia Mc Ginis</b>	14. NAME OF HUSBAND OR WIFE <b>Agnes Jacobs</b>
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15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Louisa Almon</b>	ADDRESS <b>3227 Lechade</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease with Decompensation</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Glomerulonephritis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>443X</b>
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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?
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22. I hereby certify that I attended the deceased from **10-1**, 19**54**, to **10-10**, 19**54**, that I last saw the deceased alive on **10-10**, 19**54**, and that death occurred at **8:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edwin B. Williams M.D.</b>	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>10-11-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Oct 15, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>OCT 13 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Kooze</b>	ADDRESS <b>4221 1/2 Grand</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Gupton Swan* .....  
Licensed Embalmer No. *458*

P. O. Address *321 1/2 Ave* .....

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.