No. 300
10.48

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

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6687

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1912

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): 16days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5243 Cote Brilliante Ave.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) A. c. (Last) JAECK

4. DATE OF DEATH (Month) Feb. (Day) 22 (Year) 1956

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** 8 - 17 - 1874 **9. AGE** (In years last birthday) 81 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): Police Officer **10b. KIND OF BUSINESS OR INDUSTRY**: St. Louis Police Dept. **11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: Christian Jaeck **13b. MOTHER'S MAIDEN NAME**: Katherine Weiss **14. NAME OF HUSBAND OR WIFE**: Alvina Jaeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME**: Miss Frances Jaeck, ADDRESS: 5243 Cote Brilliant

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) Cerebrovascular Accident — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** 331X **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?**

22. *I hereby certify that I attended the deceased from* Feb. 6, *19* 56, *to* Feb. 22, *19* 56, *that I last saw the deceased alive on* Feb. 22, *19* 56, *and that death occurred at* 12:26 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland W. Kimball M.D. **23b. ADDRESS**: 1515 Lafayette Ave. **23c. DATE SIGNED**: 2/22/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal **24b. DATE**: 2/24.56 **24c. NAME OF CEMETERY OR CREMATORY**: Mt. Lebanon Cemetery **24d. LOCATION** (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: FEB 23 1956 **REGISTRAR'S SIGNATURE**: Paul Smith MD **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Drehmann-Harral 1905 Union Blvd.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Warren A. Carver

Licensed Embalmer No. 353,

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.