

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10921

State File No.

318

1003

2974

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. CITY OR TOWN		b. COUNTY					
St. Louis				St. Louis		St. Louis					
c. LENGTH OF STAY (In this place)				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3 days											
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)							
Jewish Hospital				5 5217 Raymond Ave. 2050							
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)					
Anthony			F			c. (Last)					
Jakoubek			4. DATE OF DEATH			(Month) (Day) (Year)					
			March			22 1956					
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)			
M		W		married		July 2nd. 1883		72			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		IF UNDER 14 HRS. YEAR			
Retired salesman		Mining Equipment		Illinois		U.S.A.		Months Days Hours Min.			
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE					
Frank Jakoubek			Anna Mitzka			Catherine Jakoubek					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME			ADDRESS		
no			no			Mrs. Catherine Jakoubek			5217 Raymond Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerotic heart disease</u>						2 yrs.		
			ANTECEDENT CAUSES								
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
			DUE TO (b) <u>Cardiac Insufficiency</u>						7 days		
			DUE TO (c) <u>Cerebral Thrombosis</u>						3 days		
			II. OTHER SIGNIFICANT CONDITIONS						420.0		
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)					
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>3-16, 1956</u> , to <u>3-22, 1956</u> , that I last saw the deceased alive on <u>3-22, 1956</u> , and that death occurred at <u>12:45 pm</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)						23b. ADDRESS			23c. DATE SIGNED		
<u>A. Ascher, M.D.</u>						<u>607 N. Grand</u>			<u>3/24/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)					
burial		3-26-1956		Calvary Cemetery		St. Louis Missouri					
DATE REC'D BY LOCAL REG.			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS		
MAR 23 1956			<u>Carl Smith M.D.</u>			<u>Arthur J. Donnelly</u>			3840 Lindell Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me or by *me*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm S. Dalton*.....

Licensed Embalmer No. *46*.....

P. O. Address *3840 Len*.....

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