

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18070

STATE FILE NUMBER

FILED MAY 25 1956

318

1003

4473

Registration District No. Primary Registration District No. Registrar No.

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>               |  | c. CITY OR TOWN <u>St. Louis</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u> |  | d. STREET ADDRESS <u>1313 R. Monroe Street</u>   |  |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) <u>WILLIAM JACOBS</u>  |  |  | 4. DATE OF DEATH <u>MAY 5, 1956</u>  |  |  |
| 5. SEX <u>Male</u>   |  |  | 6. COLOR OR RACE <u>White</u>  |  |  |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  |  | 8. DATE OF BIRTH <u>Dec 3 1891</u>   |  |  |
| 9. AGE (In years last birthday) <u>64</u>  |  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> |  |  |
| 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>  |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |  |
| 13. FATHER'S NAME <u>Oscar Jacobs</u>  |  |  | 14. MOTHER'S MAIDEN NAME <u>Rowena Pillmann</u>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W. W. I</u>                                 |  |  | 16. SOCIAL SECURITY NO. <u>496-18-8606</u>   |  |  |
| 17. INFORMANT <u>Mrs. J.A. Flaming</u>   |  |  | Address <u>7409 Wise Av.</u>   |  |  |

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|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Infarction - Soft</u> |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pneumonia</u>   |  |  |
| DUE TO (c) <u>Hypertension</u>   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)                                  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |   |
|---|--|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |
| 20c. TIME OF INJURY Hour, Month, Day, Year. a. m. p. m.   | 332x   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| 21. I attended the deceased from <u>4/28/56</u> to <u>5/5/56</u> and last saw her alive on <u>5/5/56</u>              |                                    |                                 |
| Death occurred at <u>2:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                    |                                 |
| 22a. SIGNATURE <u>Caron M. Bernstein MD</u> (Degree or title)   | 22b. ADDRESS <u>1515 LAFAYETTE</u> | 22c. DATE SIGNED <u>5/7/56.</u> |

|  |                               |  |   |
|--|-------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>                       | 23b. DATE <u>May 9th 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Pk Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.,</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Leidner Undertaking Co. 2223 St. Louis Av.</u> |                               | 25. DATE RECD. BY LOCAL REG. <u>MAY 8 1956</u>                 | 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>                       |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

STATE OF MISSOURI

DEPARTMENT OF HEALTH

DATE

TIME

PLACE

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 *Robert M. Murray*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *St. Louis*

2/1/2

2/1/2

2/1/2  
1.3.1.8

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.