

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21908

FILED JUN 21 1956

318

1003

State File No. \_\_\_\_\_  
Registrar's No. 5428

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5428	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE _____ b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY OR TOWN <b>University City/</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>8367 Orchard</b>			
3. NAME OF DECEASED (Type or Print) <b>MARY</b>			a. (First) _____ b. (Middle) <b>JACOBS</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>June 5, 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>		8. DATE OF BIRTH <b>Aug. 12, 1891</b>	
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Boston, Mass.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Boston, Mass.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Mark Hopper</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Unk.</b>	
13a. FATHER'S NAME <b>Mark Hopper</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Louis</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis Jacobs</b> ADDRESS <b>8367 Orchard</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary occlusion</b> <b>Ante. coronary occlusion with myocardial infarction with myocardial infarction</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
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) (Minute) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>6/3-56</b> to <b>6/5-56</b> , that I last saw the deceased alive on <b>6/5-56</b> , and that death occurred at <b>7 P.M.</b> , from the causes and on the date stated above. <b>6-6-56</b>							
23a. SIGNATURE <b>Alfred Fleishman</b>				23b. ADDRESS <b>462 N. Taylor</b>		23c. DATE SIGNED <b>6/6/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Reid.</b>		24b. DATE <b>6/7/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'nai Amoona</b>		24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 6 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 MoPherson</b>			

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

**A 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 *Quinn P. Quindary*  
Licensed Embalmer No. *4209*

P. O. Address.....

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.