

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24742

State File No.

FILED JUL 30 1956

BIRTH NO. 47778-56 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 185

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| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u> | |
| c. LENGTH OF STAY (In this place) <u>4 1/2 hrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>#10 Capri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>—</u> c. (Last) <u>Jacobi</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17-1956</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>7-17-56</u> | 9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR Months <u>12</u> Days <u>12</u> IF UNDER 4 Hrs. <u>12</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Lester Charles Jacobi</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Magdaline Eberhardt</u> | 14. NAME OF HUSBAND OR WIFE <u>—</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, state war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Chhardt Jacobi</u> | ADDRESS <u>#10 Capri Florissant, Mo.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelactasis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity</u> DUE TO (c) <u>—</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>none</u> | 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) |
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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 7/17, 1956, to 7/17, 1956, that I last saw the deceased alive on 7/17, 1956, and that death occurred at 7:42 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. C. Weissenborn, M.D.</u> | 23b. ADDRESS <u>St. Charles, Mo.</u> | 23c. DATE SIGNED <u>7/18/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>July 19, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>July 23 1956</u> | REGISTRAR'S SIGNATURE <u>Honorable Hammett</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene H. Hutchess</u> | ADDRESS <u>FLORISSANT, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4966

P. O. Address Olney, Md.

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 this body is not embalmed, fact should be so stated above.