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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28611

STATE FILE NUMBER

FILED SEP 6 1956

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 7085

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		2089 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital			Length of stay in lb 3 weeks		8 d. STREET ADDRESS 8427 Hallsferry		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) MINNIE				First JACOBSON				4. DATE OF DEATH July 29th, 1956					
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 27th, 1885		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Reinke						14. MOTHER'S MAIDEN NAME Christiana Jacobson (husband) not known							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 487-22-8527B		17. INFORMANT William Kuesel, 1046 Hornsby							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Enlargement										INTERVAL BETWEEN ONSET AND DEATH 2 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Coronary Arteriosclerosis		2 yrs	
										DUE TO (c) General Arteriosclerosis		2 yrs	
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.													
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 5-28-55 to 7-29-56 and last saw her alive on 7-28-56 Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Carl Smith MD</i> (Degree or title)						22b. ADDRESS 8200 North Broadway			22c. DATE SIGNED 7-30-56				
23a. BURIAL, CREMATION, REMOVAL (Specify) removal			23b. DATE 8/2/56		23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.					
24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry					ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 31 1956		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>				

ms

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 *J. W. Dinkley*
.....

Licensed Embalmer No. *36*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitute's 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.