

FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32752

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1958

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. LENGTH OF STAY (in this place) 3 Months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		e. STREET ADDRESS (If rural, give location) 6833 Scanlan Ave	
3. NAME OF DECEASED (Type or Print) a. (First) RUDOLPH		b. (Middle) JAECKS	
c. (Last) JAECKS		4. DATE OF DEATH (Month) (Day) (Year) 8-15-1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 1-22-1880
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hat Buyer	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Rudolph Jaacks	
13b. MOTHER'S MAIDEN NAME Dorthea Bruening		14. NAME OF HUSBAND OR WIFE Deceased	
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. 488-10-7281	
17. INFORMANT'S SIGNATURE OR NAME Rolla Jaacks		ADDRESS 10522 Twilight Dr.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO-VASCULAR RENAL DISEASE ANTECEDENT CAUSES DUE TO (b) SENILITY DUE TO (c) - Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 442X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) NONE	
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)		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 AUG 5 , 19 56 , to AUG 15 , 19 56 , that I last saw the deceased alive on AUG 14 , 19 56 , and that death occurred at 4:45 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE B.R. Loving M.D.		23b. ADDRESS BALLWIN, Mo.	
23c. DATE SIGNED 8-16-56		24. SIGNATURE OF EMBLEMAER Herbert B. Dond...	
24b. DATE 8-17-1956		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	
24d. LOCATION (City, town, or county) (State) 2000 N. Pennsylvania Ave Mo		25. FUNERAL DIRECTOR'S SIGNATURE Herbert B. Dond...	
DATE REC'D BY LOCAL REG. 8-16-56		ADDRESS 6409 Gravois Ave	

No. 300
 10-1-48
 Man chier 1030 1139g
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Emblemaer's Statement on Reverse Side)

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 *Elton M. Remelius*.....

Licensed Embalmer No. *4283*

P. O. Address *St. Louis*.....

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.