

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35684**
Registrar's No. **9819**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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|--|--|--|--|
| 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, write RURAL and give township) St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital | | e. STREET ADDRESS (If rural, give location) 3611 N. Taylor Avenue | |
| c. LENGTH OF STAY (in this place) 41 yrs | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) c. (Last) Jaberg | | | 4. DATE OF DEATH (Month) (Day) (Year) October 26, 1956 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH November 24, 1874 | | 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR: Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY St. Home | | 11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME George Crosby | | 13b. MOTHER'S MAIDEN NAME Caroline Hamner | | 14. NAME OF HUSBAND OR WIFE Harry Jaberg | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harry Jaberg, 3611 North Taylor Ave | |

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|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus-gangrene rt. foot | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic obliteration DUE TO (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260x | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Amputation left leg 6-3-52 | | 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) | | 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 **5-2-52**, 19__, to **10-26-56**, 19__, that I last saw the deceased alive on **10-26**, 19**56**, and that death occurred at **5:50 a.m.**, from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE Glennan Schaefer | | (Degree or title) M.D. | | 23b. ADDRESS 5400 Arsenal St and Lafayette St, Memphis, Tennessee | |
| 23c. DATE SIGNED 10-26-56 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Oct 28, 1956 | |
| 24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | | 24d. LOCATION (City, town, or county) (State) Memphis, Tennessee | | | |

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| DATE REC'D BY LOCAL REG. OCT 29 1956 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave | |
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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 *E. Courtesse Remelina*.....

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.