

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER **2839**
412

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **412**

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 Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3009 LEMP			Length of stay in lb	d. STREET ADDRESS (If outside, give location) 3009 LEMP	
3. NAME OF DECEASED (Type or print) First ROBERT Middle J. Last JACOB			4. DATE OF DEATH Month JAN. Day 12 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 17 1892		9. AGE (In years last birthday) 64 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) RETIRED BREWERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME HENRY JACOB		
14. MOTHER'S MAIDEN NAME MARY DREILING			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. 488-10-2160			17. INFORMANT MARIE A. JACOB Address 3009 LEMP AV.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion of coronary artery					INTERVAL BETWEEN ONSET AND DEATH Approx. 5 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____					Uncertain
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchial asthma and emphysema					19. WAS AUTOPSY PERFORMED? 2 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 _____ a. m. _____ p. m. Month _____ Day _____ Year _____					
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 Aug. 30, 1951 to Jan. 12, 1957 and last saw her alive on Nov. 4, 1956 Death occurred at 7:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or title) G. O. Brown M.D. (G.O. Broun, M.D.)			22b. ADDRESS 1325 S. Grand Blvd.		22c. DATE SIGNED 1/14/57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JAN. 15 1957		23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
23d. LOCATION (City, town, or county) ST. LOUIS Mo		23e. LOCATION (State) Mo			
24. FUNERAL DIRECTOR Thomas Kute 2906 Gravier		25. DATE RECD. BY LOCAL REG. JAN 14 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith Mo	

(Licensed Embalmer's Statement on Reverse Side)

with, effort, public service, 00, -56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in name of no symptoms which are stated.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2-4 Monday

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 Geo J Budde
Licensed Embalmer No. 39

P. O. Address H. L. Lewis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.