THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011192
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY St.Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Charles — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hillside Nursing — Length of stay in 1b 14days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY 218
c. CITY OR TOWN St.Louis — Inside Limits Yes X / No ☐
d. STREET ADDRESS (If outside, give location) 3645 Rutger — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Nellie Middle: Theresa Last: Jacobsen

4. DATE OF DEATH Month: Apr Day: 3 Year: 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Apr 1 1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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 Home
11. BIRTHPLACE (City and state or country) XXX Florissant Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Reedy
14. MOTHER'S MAIDEN NAME Ellen Doyle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Address: Johana Jacobsen 6709a Schofield Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 wee
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) generalized arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-1-58, to 4-3-58 and last saw her/him alive on 4-3-58
Death occurred at 6:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George E Kister M.D. (Degree or title)
22b. ADDRESS St Charles Mo
22c. DATE SIGNED 4-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Apr 7 1958
23c. NAME OF CEMETERY OR CREMATORY Lake Charles
23d. LOCATION (City, town, or county) St.Louis Cty Missouri (State)

24. FUNERAL DIRECTOR E.J.Schnur ADDRESS 3125 Lafayette
25. DATE RECD. BY LOCAL REG. APRIL 7-58
26. REGISTRAR'S SIGNATURE Marcella Nelson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 15 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas R. Jenwick

Licensed Embalmer No. 37

P. O. Address 3125 Lafay

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.