

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030569

STATE FILE NUMBER

318

1003

8088

SEP 15 1958

Registration District No. _____ Primary Registration District No. _____ Registrar _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>AFFTON 4820</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. JOHN'S HOSPITAL</i>		Length of stay in 1b <i>23</i>	d. STREET ADDRESS (If outside, give location) <i>27 9400 REAVIS BKS RD.</i>
3. NAME OF DECEASED (Type or print) First <i>AGNES</i> Middle <i>BELLE</i> Last <i>JACOBSON</i>			4. DATE OF DEATH Month <i>AUG</i> Day <i>18</i> Year <i>1958</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 21, 1892 65</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SEAMSTRESS</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>CITY HOSPITAL</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo. 0</i>
13. FATHER'S NAME <i>JOHN CASSIDY</i>		14. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>492-16-9601</i>	17. INFORMANT Address <i>RAYMOND JACOBSON 9400 REAVIS RD.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Coronary Thrombosis</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Diabetes Mellitus 420.1</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <i>1950</i> to <i>Aug 1958</i> and last saw her alive on <i>8-15-58</i> Death occurred at <i>2:50 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond J. Martin MD</i>		22b. ADDRESS <i>523 Clappain St</i>	22c. DATE SIGNED <i>8-17-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>8/21/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS 7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 20 1958</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Health, Welfare Public Service
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Donald E. Benz*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Louis, Mo.*.....

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.