

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011043

STATE FILE NUMBER

2431

FILED MAR 20 1959

Registration District No.

Primary Registration District No.

Registration No.

S. 300

1-57

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93

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS HOSP.		Length of stay in 1b	d. STREET ADDRESS 3875 ALBERTA
3. NAME OF DECEASED (Type or print) First Middle Last PETER J JACOBS			4. DATE OF DEATH Month Day Year MAR 7 1959
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 JUNE 21 1881
9. AGE (In years last birthday) 77		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) RETIRED CUSTODIAN MANCHESTER BANK		10b. KIND OF BUSINESS OR INDUSTRY PORTAGE DE SIOUX MO	12. CITIZEN OF WHAT COUNTRY? U-S-A
13a. FATHER'S NAME PETER JACOBS		13b. MOTHER'S MAIDEN NAME KATHERINE PFIFFER	14. NAME OF HUSBAND OR WIFE CLARA JACOBS
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.	17. INFORMANT Address CLARA JACOBS 3875 ALBERTA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectases right lung			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) acute bronchitis			2 wks
DUE TO (c) Pulmonary Emphysema chronic			years?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis gen			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 527.1	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 1-7-58 to 3-7-59 and last saw her/him alive on 3-6-59 Death occurred at 715 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. Hachmayer M.D.		22b. ADDRESS 4005 S. Grand	
22c. DATE SIGNED 3/9/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAR 10 1959	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM
23d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
24. FUNERAL DIRECTOR Thomas Kuttis 2906 Grevois		25. DATE RECD. BY LOCAL REG. MAR 9 '59	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

4065 S.S.
132 - Dec. 19, 1934
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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 Eleanor Province

Licensed Embalmer No. 3403
P. O. Address Jennings

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.