

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042027

FILED VS NOV 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **210566** STATE FILE NUMBER

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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, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4930 Lindell Blvd.,
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Emile Middle Jacquot Last Jacquot	4. DATE OF DEATH Month November Day 16 Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/12/1871	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and state or country) French Village, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Prosper Jacquot	13b. MOTHER'S MAIDEN NAME Salina Unknown	14. NAME OF HUSBAND OR WIFE Anna Jacquot, dec'd
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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. 487-40-0911	17. INFORMANT Helen Lovercheck, 11903 Larimore Road,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchial Pneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	DUE TO (c) _____	4444

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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.)
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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
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21. I attended the deceased from 11-5-59 to 11-16-59 and last saw ^{her} him alive on 11-16-59 Death occurred at 2:20 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Emile J. Jacquot</i>	22b. ADDRESS 4930 Lindell Blvd. St. Louis 8,	22c. DATE SIGNED 11-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/18/59	23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Memorial	23d. LOCATION (City, town, or county) (State) Carbondale, Illinois.
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington	25. DATE RECD. BY LOCAL REG. NOV 16 1959	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed G. W. Wilkins

Licensed Embalmer No. 357

P. O. Address M. Lou

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