URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-028482

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5986

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 1 hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Faith Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Ferguson 4109
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 624 Plantmore Dr.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: P. Last: Jobsky
4. DATE OF DEATH: Month 6 Day 7 Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/22/10
9. AGE (last birthday): 49
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Design Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Otto Jobsky
13b. MOTHER'S MAIDEN NAME: Louise Goetz
14. NAME OF HUSBAND OR WIFE: Anna Jobsky
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.: 492-09-3370
17. INFORMANT: Mrs. Anna Jobsky, Address: 624 Plantmore

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) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardio
DUE TO (c) vascular disease
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
420.1
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 Jan 6th 58 to June 7th 1960 and last saw him alive on June 7th 1960
Death occurred at 12:10 p on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Dolon P. Harris (Degree or title) MD
22b. ADDRESS 6836 Natural Bridge
22c. DATE SIGNED 6-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 6/13/60
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cem.
23d. LOCATION (City, town, or county): St. Louis County (State): Mo.
24. FUNERAL DIRECTOR: Drehmann-Harral
ADDRESS: 1905 Union
25. DATE RECD. BY LOCAL REG.: JUN 13 1960
26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Ev. 1-6633

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_____ Signed Warren A. Carve

Signature of Student Embalmer

Licensed Embalmer No. 353

P. O. Address_____

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