

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

34540
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 or
 (c) City St. Louis (d) Street No. Homer Phillips Hwy. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2656 Lucas St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 4, 1870</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>7</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		<u>Book</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisiana, Mo.</u>		
13. NAME <u>Stephen Jacobs</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Martha</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisiana, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Hazel Malone</u> <u>3521 1/2 Market St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>Oct. 25, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. C. Gordon</u> <u>2649 Delinger Blvd.</u>		
20. FILED OCT 25 1939 <u>J. F. Bridesh</u> Local Registrar.		

MEDICAL HISTORY AND ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/21/39, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:05 P.M.

The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction;
Strangulated Left Inguinal Hernia

Other contributory causes of importance:
Strangulated Left Inguinal Hernia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Joseph M. Quinn
 (Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 23 1939

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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.....
Wm Claude Gordon Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wm Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2649 Welmar*

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 this body is not embalmed, above space should be left blank.