

No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 4923
Registrar's No. 1753

Registration District No. _____ Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4662 Idaho
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JACOB DAY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Day 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 27th, 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 10 years

11. Industry or business Foundry Foreman

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Day
(b) Address 4662 Idaho

17. (a) Burial (b) Date thereof 2-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Southern General

(b) Address 6322 S. Grand Blvd.

19. (a) FEB 20 1940 (Date of entry by registrar) J. F. ... (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4662 Idaho
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 18th, year 1940 hour 3:00 minute _____ M.

21. I hereby certify that I attended the deceased from 1928, 19 _____, to Feb 18, 19 40
that I last saw him alive on Jan. 20, 19 40
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Mitral regurgitation
Due to _____
Other conditions chronic nephritis
(Include pregnancy within 5 months of death)
PHYSICIAN J. F. ...
Major findings: Of operations 131
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ while at work? (e) Means of injury _____

23. Signature J. F. Habig (M. D. or other) _____
Address 5817 Grand Date signed 2/21/40

Dr. Halbig -
5817 Graves -
8-10
1-3

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis Mo.

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.