

FILED NOV 26 1956 STANDARD CERTIFICATE OF DEATH

State File No. **40184**

Registrar's No. **2657**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 590		Registrar's No. 2657			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		d. STREET ADDRESS (If rural, give location) Route #1 Box 135			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1 Box 135				d. STREET ADDRESS (If rural, give location) Route #1 Box 135					
3. NAME OF DECEASED a. (First) Louis			b. (Middle)		c. (Last) Jacobsmeier		4. DATE OF DEATH (Month) (Day) (Year) November 8 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower		8. DATE OF BIRTH April 10 1868		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Black Jack, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Fred Jacobsmeier			13b. MOTHER'S MAIDEN NAME Margaret Brinkmeyer			14. NAME OF HUSBAND OR WIFE Elizabeth Jacobsmeier (Dec 28 1908)			
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. none		17. INFORMANT'S SIGNATURE OR NAME Ray Jacobsmeier				ADDRESS Florissant, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis + Coronary attack DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age				INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Oct 7, 1956 , to Nov 8, 1956 , that I last saw the deceased alive on Nov 4, 1956 , and that death occurred at 10:14 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Wm. A. [Signature] (Degree or title)				23b. ADDRESS 8201 N. Broadway 9 Louis			23c. DATE SIGNED 11/8/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-12-1956		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Black Jack, Missouri			
DATE REC'D BY LOCAL REG. 11-9-56		REGISTRAR'S SIGNATURE Herbert A. Dombke			25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. ADDRESS 2161 E. Fair Ave				

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

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3737

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, fact should be so stated above.

Jacobson