JUN 4 1928

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

Do not use this space.

1. PLACE OF DEATH
County St Charles — Registration District No. 760 — File No. 14536
Township Dardenne — Primary Registration District No. 6001 — Registered No. 69
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Eva Kohlepp Jaeger
(a) Residence. No. Weldon Springs St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Wm Jaeger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20 - 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or X min.
49	4	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) St Charles Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Nicholas Kohlepp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rothe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. Per INFORMANT Wm Jaeger
(Address) Weldon Springs Mo

15. FILED ....., 19.... ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1928

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1928, to April 21, 1928 that I last saw her alive on Apr 20, 1928 and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Paralysis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. C. Caldwell M. D
, 19 (Address) Hamburg Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Weldon Springs Mo. — DATE OF BURIAL 4/23 1928

20. UNDERTAKER E. A. Keithly — ADDRESS Fallon Mo.

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.