

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

Do not use this space.

19766

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **417**) **Fillmore St.**

File No.....
Registered No. **5762**
St..... Ward.....

2. FULL NAME

Julius Jaeger
(a) Residence No. **417 Fillmore** St., **1** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Julia Jaeger**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 16 1851**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 2

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

9. BIRTHPLACE (CITY OR TOWN) **Dakrille**
(STATE OR COUNTRY) **Mo**

PARENTS
10. NAME OF FATHER **John Jaeger**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Elizabeth Fried**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT **Jacob Jaeger**
(Address) **417 Fillmore St. St. Louis**

15. FILED **May 20 1931**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 18 1931**
17. I HEREBY CERTIFY, That I attended deceased from **May 14 1931** to **May 18 1931**, that I last saw him alive on **May 18 1931**, and that death occurred, on the date stated above, at **8:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
191 (duration) **had been** yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **131** (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF.....
8 WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **Joseph J. Smith**, M. D.
, 19 (Address) **Jefferson & 12th**

*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 **St. Paul's Cem. Dakrille, Mo.** DATE OF BURIAL **5/21 1931**

20. UNDERTAKER **C. Hoffmeister & Co** ADDRESS **284 Broadway**

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.

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