

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Morgan
 Township Rickland
 City (No)

Registration District No. 606
 Primary Registration District No. 5-796

File No. 5821
 Registered No. 2
 St. (No) Ward (No)

2. FULL NAME

(a) Residence. No. George Wm Jaeger St. (No) Ward (No)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 2 mos. (No) da. (No) How long in U. S., if of foreign birth? yrs. (No) mos. (No) da. (No)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Katherine Krusehagen
 (or WIFE OF)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9-1861

7. AGE YEARS 72 MONTHS 7 DAYS 2
 If LESS than 1 day, hrs. (No)
 or min. (No)

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) Wellington Spring
 (STATE OR COUNTRY) St Charles Co MO

10. NAME OF FATHER John Jaeger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Hoef

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wellington Spring
 (STATE OR COUNTRY) St Charles Co MO

14. INFORMANT Mrs Chas Louman
 (Address) Smithton Mo

15. FILED 2-17-34 Mrs Edwin Bremer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11-34 19

17. I HEREBY CERTIFY, That I attended deceased from 12-10-33 to 2-11-34
 that I last saw him alive on 2-11-34, 1934, and that death occurred, on the date stated above, at 1-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis
Prostatic abscess
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. (No) mos. (No) da. (No)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF 1/30/33WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? St. Louis(Signed) (Signature) M. D.(Address) Smithton Mo

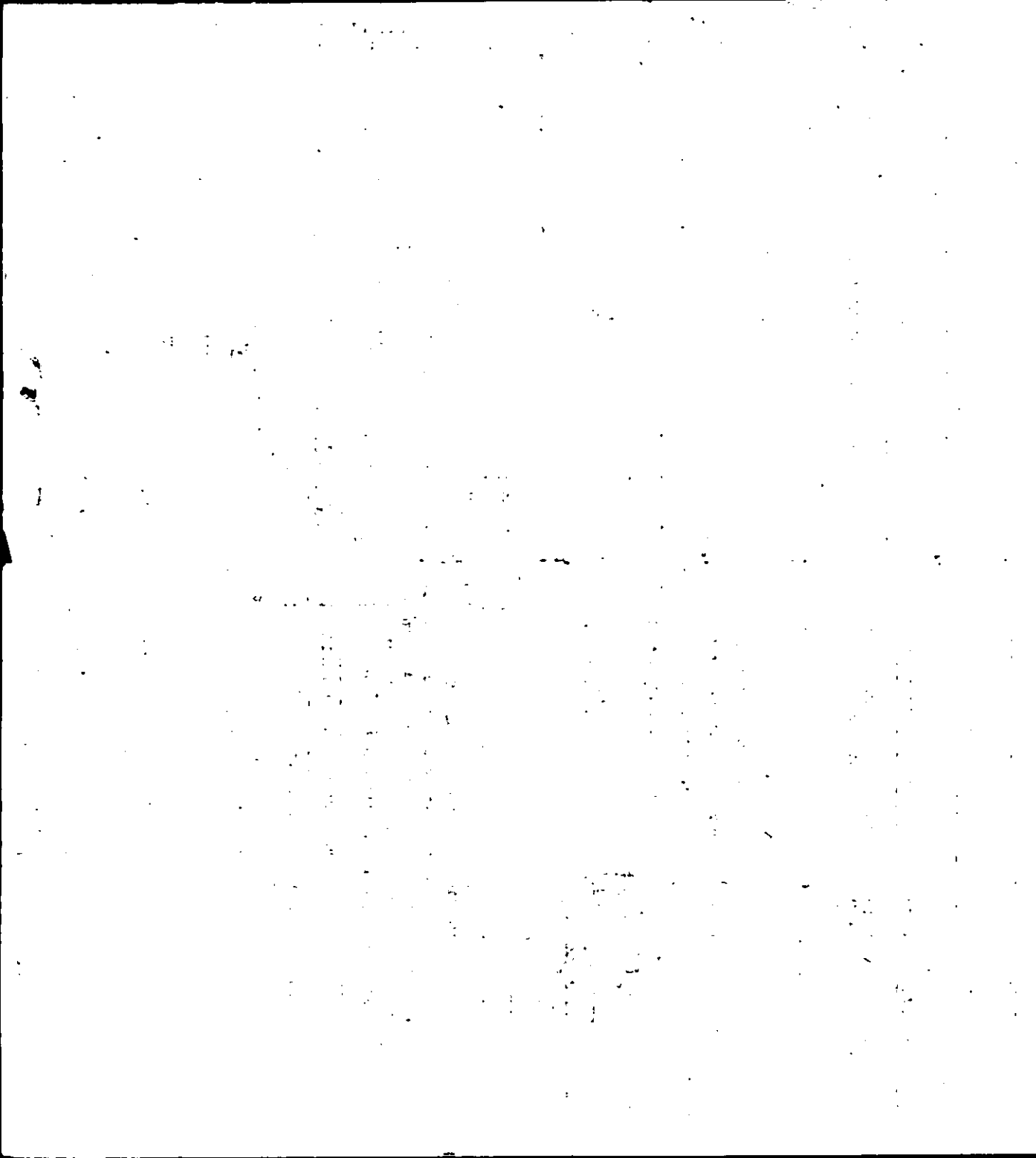
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER Smithton MoFeb 12 1934ADDRESS Smithton 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.



#2 *Morgan*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 5821

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: George Wm Jaeger
Who died at _____ on 2-11-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth July 7th 1861 Age: Years 72 Months 7 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year 1934
Birthplace (State or country) St. Charles Co, Mo
Birthplace of father (State or country) John Jaeger (Germany)
Birthplace of mother (State or country) Anna Hoffmann (Missouri)
Principal cause of death: Endocarditis Acute

Other contributory cause of importance Prostatectomy
Name of operation Prostatectomy Date of operation 1-15-34
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Edwin Beemer
Address of physician _____

(Signature of Registrar) Mrs. Edwin Beemer Date filed 2-14-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 601Primary Reg. Dist. No. 5796

E. T. McGaugh, M.D.
Special Agent.

5-5821

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