

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

343  
AUG 16 1934

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

Do not use this space.

27474

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis Mo. (No. 1710 N. Union Ave.)

File No. ....  
Registered No. 7719  
St. .... Ward)

2. FULL NAME

James L. Yaeger  
(a) Residence No. 2702 N. 15<sup>th</sup> St. St. 26 Ward.  
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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Yaeger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1894  
7. AGE YEARS 40 MONTHS 3 DAYS 0 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Car Conductor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richview, Ill.  
13. NAME J. Yaeger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
15. MAIDEN NAME Not known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Way L. Yaeger  
1710 N. Union Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 30, 1934

19. UNDERTAKER (ADDRESS) H. J. Leidner  
2717 N. Market St.  
20. FILED 19 34  
J. Brebeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25<sup>th</sup>, 1934  
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw him alive on 19... Death is said to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance were as follows:  
Gunshot wound of heart self-inflicted at 1710 N. Union while suffering temporary mental aberration.  
Other contributory causes of importance:  
169  
167

Name of operation 167 Date of operation  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Suicide Date of injury 8/23/34  
Where did injury occur? St. Louis Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) J. H. Cassidy  
(Address) Deputy Coroner

