

APR 11 1936

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

Do not use this space.

12548

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No. **1003**
(No. 5218, Alabama Ave.

791

File No.....
Registered No. 2578
St. Ward)

2. FULL NAME Albert H. Yaeger

(s) Residence, No. 5218 Alabama St., 15 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 Ada Yaeger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 67 1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prtg. Pressman
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) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Conrad Yaeger

14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katherine (Unknown)

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT Ada Yaeger (ADDRESS) 5218 Alabama Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE March 10, 36

19. UNDERTAKER W. Schumacher (ADDRESS) 5015 Meramec St.

20. FILED MAR 7 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1936

22. I HEREBY CERTIFY That I attended deceased from February 22, 1936, to March 6, 1936
I last saw him alive on March 6, 1936. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 4/2/36
Arthritis 107 days 1 year

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

23. 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.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. H. Vatter M.D.
(Address) 360 S. Grand Blvd.

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.

