

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

Do not use this space.

FEB 8 1937 791
Registration District No. **1008**
Primary Registration District No. **1008**

File No. **3411**
Registered No. **443**
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township **St. Louis mo**
City **St. Louis mo** (No. **De La Salle Hospital**)

2. FULL NAME

Mary Jaeger
(a) Residence, No. **5718 Gardner** St., **5** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF nil		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1857		
7. AGE	YEARS 79	MONTHS 2
	DAYS 8	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215	
	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) St. Louis mo		
FATHER	13. NAME Anton Jaeger	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo	
MOTHER	15. MAIDEN NAME Unkown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown	
17. INFORMANT (ADDRESS) Ann Jaeger 4934 O'Fallon Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Jan 12 1937		
19. UNDERTAKER (ADDRESS) William J. Bredeck 2219 Lyndall Blvd		
20. FILED JAN 11 1937 Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 10 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 9 1937**, to **Jan 10 1937**
I last saw her alive on **Jan 10 1937**. Death is said to have occurred on the date stated above, at **2:45 P.M.**
The principal cause of death and related causes of importance were as follows:
**Hypertensive Cardiovascular Disease
Arterio Sclerotic Heart Disease
Auricular Fibrillation
Left Hemiplegia, caused by cerebral haemorrhage**
Other contributory causes of importance:
Gangrene of feet, arterio sclerotic

Date of onset	Unkown
Duration	1-3-37
Location	Unkown

Name of operation **None** Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **No**

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? **No**
If so, specify _____
(Signed) **G. O. Brown**, M. D.
(Address) _____

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.

