

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH *Emmans Home*

County *St. Charles*

Registration District No. *757*

File No. *13211*

Township *St. Louis*

Primary Registration District No. *5998*

Registered No. *57*

City (No.) St. Ward

2. FULL NAME *Anna Jaeger*

(a) Residence, No. St. Ward. *St. Louis, Mo.*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *14 yrs. 11 mos. 14 ds.*

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 7th 1937*

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

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 6th 1937*, to *Mar 7th 1937*. I last saw her alive on *Mar 6th 1937*. Death is said to have occurred on the date stated above, at *3:50* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *February 26, 1873*

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>2</i>	<i>64</i>	<i>0</i>	<i>10</i>	

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

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

Acute dilatation of heart.

Other contributory causes of importance: *due to Epileptic seizure*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Missouri*

MOTHER FATHER 13. NAME *Don't know*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER FATHER 15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT (ADDRESS) *Theophil Staerck*

18. BURIAL, CREMATION, OR REMOVAL FRIEDEN'S CEMETERY PLACE *St. Louis, Mo.* DATE *MARCH 10 1937*

19. UNDERTAKER (ADDRESS) *Cliff C. Ambush 4334 Manchester*

20. FILED *3/8* 19*37* *Clarence A. Neesler* Registrar.

Name of operation *None* Date of *None*
What test confirmed diagnosis *None* 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 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) *A. Perich Schurz, M. D.* (Address) *St. Charles 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.

