

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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. **791**
Primary Registration District No. **1003**
(No. **DePaul Hospital**)

File No. **22092**
Registered No. **5844**
St. Ward)

2. FULL NAME **Allen George Jaeger,**

(a) Residence, No. **4545a Emerson Ave** St. **7** 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 Male	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				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1937				
7. AGE	YEARS 0	MONTHS 0	DAYS 2	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil			
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo			
	13. NAME Kenneth Jaeger			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo			
MOTHER	15. MAIDEN NAME Ellen Rockey			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo			
17. INFORMANT Kenneth Jaeger (ADDRESS) 4545a Emerson Ave				
18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE June 15, 1937				
19. UNDERTAKER Beiderwieden Funeral Home Inc (ADDRESS) 1936 St. Louis Ave				
20. FILED 6-15 1937 J. H. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14 1937**₁₉

22. I HEREBY CERTIFY, That I attended deceased from **June 12 1937** to **June 14 1937**
I last saw him alive on **June 14 1937** Death is said to have occurred on the date stated above, at **6:00 A M** in **Mo**
The principal cause of death and related causes of importance were as follows:
Premature birth Date of onset

Other contributory causes of importance:
159

Name of operation..... Date of.....
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?..... 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) **Allen H. Roy** M. D.
(Address) **2712 av** **St. Louis**

1920

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have assisted in the work.

The work has been carried out in accordance with the plan laid down in the previous report. It has been found that the progress made during the year has been satisfactory and that the results achieved are of a high standard. It is hoped that the work will continue to be carried out in the same spirit of co-operation and efficiency in the future.

The following is a list of the names of the persons who have assisted in the work during the year:

Mr. A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.