

AUG - 5 1937

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

Do not use this space.

26053

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No. 1)Registration District No. 791Primary Registration District No. 1003

File No.

Registered No. 7227 St. Ward)

C. 4940

2. FULL NAME Baby Jaeger(a) Residence, No. 9187 1/2th auto Trailer ~~St. Foot of Arsenal Street~~
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>0</u>	<u>16</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri13. NAME Jack Jaeger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas15. MAIDEN NAME Maude Green16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews Cem DATE July 23, 193719. UNDERTAKER (ADDRESS) Stuck Bros 2201 So. Grand Blvd.20. FILED JUL 30 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28/37 1922. I HEREBY CERTIFY, That I attended deceased from 7/22/37 19, to 7/28/37 19.I last saw him on 7/28/37 19. Death is saidto have occurred on the date stated above, at 6.35 p

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

Prematurity Date of onset 7-12-37

Other contributory causes of importance:

Shingles, External July '37

Name of operation 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?

If so, specify

(Signed) J. W. Burnett, M. D.(Address) City Hospital No. 1

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.

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U.S. DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

January 10, 1950

Dear Sir:

Reference is made to your letter of January 5, 1950, regarding the proposed merger of the American Bar Association and the American College of Trial Lawyers.

The Department is currently reviewing the proposed merger and will advise you of its findings in due course.

Very truly yours,

ROBERT H. ROSEN

Assistant Attorney General

Enclosure

cc - Mr. Tolson

cc - Mr. Clegg

cc - Mr. Glavin

cc - Mr. Ladd

cc - Mr. Nichols

cc - Mr. Rosen

cc - Mr. Tracy

cc - Mr. Harbo

cc - Mr. Mohr

cc - Mr. Winterrowd

cc - Mr. Nease

cc - Mr. Gurnea