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

REC'D AUG 12 1938

3 791

23783
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 6477
(c) City St. Louis Mo (d) Street No. In Forest Park, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME OLIVER YAEGER
(a) Residence, No. 5567 Delmar Ave. St. 5
(Usual place of abode, if no street address, write county or city) (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: EMMA YAEGER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC 17 - 1883
7. AGE: YEARS 54 MONTHS 7 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: MACHINIST
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

FATHER
13. NAME: CHARLES YAEGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

MOTHER
15. MAIDEN NAME: CLARA BALDWIN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): Mrs Emma Yeager 2208 Keokuk St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ST PAULS CHURCHYARD DATE JULY 20 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J.H GEBKEN LAND U COM 2630 GRAVOIS AVE.
20. FILED JUL 20 1938 J. D. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/19/38 .19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:32 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis;
Chronic Intersititial Nephritis;
Aortic Regurgitation;

Other contributory causes of importance:

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

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) Alfred J Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Herman A. Gebken, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.