

REC'D NOV 16 1938

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

34052
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 3441a California St. St.
(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.

Registered No. 9038

2. PRINT FULL NAME Rudolph Jaeschke

(a) Residence, No. 3441a California St. 24
(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 Maude Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 45

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
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) October 5, 1938 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) Mecklenburg
(STATE OR COUNTRY) Germany

FATHER 13. NAME August Jaeschke

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

MOTHER 15. MAIDEN NAME Carolina Barr

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Maude Jaeschke
3441a California

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE Oct. 17, 1938

19. FUNERAL DIRECTOR (NAME) Beidervlieden F. Home, Inc
(ADDRESS) 1936 St. Louis Avenue

20. FILED OCT 17 1938 J. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937, to Oct. 14, 1938.

I last saw him alive on Oct. 14, 1938. Death is said to have occurred on the date stated above, at 2:00 P.m.

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

Cerebral Hemorrhage (Apoplexy) Date of onset
Cardiac Failure - Congestive
Auricular Fibrillation
Ch. Myocarditis. Card. emboli

Other contributory causes of importance:

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) Herbert J. Pridmore, M. D.
(Address) 3537 S. Garvey Ave

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.

Dr. H J Rudi
3532 Locust
La 3337
Pa 5138

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,

....., or by

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

Signed.....

Melvin J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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.