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.

FILED MAR 12 1940

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

Do not use this space.

1. PLACE OF DEATH
County St Charles — Registration District No. 160 B — File No. 7954
Township Dardenne — Primary Registration District No. 6001 — Registered No. 105
City O'Fallon (No. ..... St. ..... Ward)

2. FULL NAME 260 FRITZ YAEGER
(a) Residence, No. O'Fallon St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie Yaeger deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1859

7. AGE: YEARS 80 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 6

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

FATHER
13. NAME not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs. Minnie Vietty Warrenton Mo.

18. BURIAL, CREMATION OR REMOVAL
PLACE Warrenton Mo. DATE Feb 27 1940

19. UNDERTAKER (ADDRESS) E. A. KEITHLY O'Fallon Mo.

20. FILED Feb 27 1940 E. A. Keithly Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Feb 25, 1940
I last saw him alive on Feb 25, 1940. Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated inguinal hernia | 2-23-40 |

Other contributory causes of importance: age 122 1

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) Nicholas J. Honich, M. D.
682 (Address) O'Fallon, Mo.