

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23315

State File No.

Registrar's No.

5760

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Aurelia M. Jeggle 240

8. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adolph Jeggle
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 11 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 25
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business

12. Name Frank H. Berner
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Sealthoefner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Adolph Jeggle
(b) Address 8233A. Church Road

17. (a) Burial (b) Date thereof July 9 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
W. A. Streck

18. (a) Signature of funeral director W. A. Streck
(b) Address 2117 E. Grand

19. (a) JUL 8 1940 (b) J. B. Bredbeck
(Date received local registrar) (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 8
(If outside city or town limit, write "RURAL")
(d) Street No. 8233A. Church Road
(If rural, give location)

(e) Foreign born, how long in U. S. A. 2 years

20. DATE OF DEATH: Month July day 6
year 1940 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion
Arteriosclerosis

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Joseph M. [Signature] (Ed. D. or other)
Address Deputy Coroner [Signature] Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Frank A. Stone

Licensed Embalmer No. 30411

P. O. Address 2117 E. Ave

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.