. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 438

FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 438

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

(c) City or town University City, N.R3 (If outside city or town limits, write "RURAL")

(d) Street No. #7928 Teasdale Ave. 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME EDWARD HERMAN JAGGI.

3. (b) If veteran, name war none.

3. (c) Social Security No. 489-01-9912.

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Minerva Jaggi.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 4, (Day) 1882. (Year)

8. AGE: Years 58. Months 10. Days 11. If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) 0 Missouri. (State or foreign country)

10. Usual occupation Sup't of

11. Industry or business Schlueter Mfg., Co.,

FATHER
12. Name Gottlieb Jaggi.
13. Birthplace (City, town, or county) 8 Switzerland. (State or foreign country)

MOTHER
14. Maiden name Magdalina Reinhardt.
15. Birthplace Bern, (City, town, or county) 8 Switzerland. (State or foreign country)

16. (a) Informant G. Ralph Ernst.

(b) Address 4045 Flora.

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 1/17/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address #7233 Delmar Boulevard. 8414

19. (a) JAN 15 1941 (Date received local registrar) (b) J. W. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th year 1941 hour 6 minute 05 a.M.

21. I hereby certify that I attended the deceased from Dec. 26th, 1939 to Jan. 15, 1941; that I last saw him alive on Jan 14th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mesenteric embolism	24 hrs
Due to Resection of stomach for gastric ulcers	9 days ago
Due to Gastro-Enterostomy 14 yrs ago	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	12 yrs

Major findings: Of operations marginal ulcers — obstruction

Of autopsy no

117a 2

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Ed Johnson M.D. (M.D. or other)

Address 2435 N. Grand Av Date signed 1/15/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1949

2435 N. Kiland
FR 1439
5 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo.

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.