

Registration District No. 1104 Primary Registration District No. 5415 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Boone township
(c) Name of hospital or institution: along Portwase River
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 100
(c) City or town St Louis
(d) Street No. 4748 Greer
(e) If foreign born, how long in U. S. A? 21-2-0 years.

3. (a) PRINT FULL NAME Glenmore A. Jaeger

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-12-5613

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased FEB. 18 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>2</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Furniture Sander.

11. Industry or business _____

12. Name Adolph Jaeger

13. Birthplace Boone Mo
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Hoff

15. Birthplace Boone Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louisa Sasse

(b) Address 4748 Greer, St Louis Mo.

17. (a) Burial (b) Date thereof April 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Port Hudson mo.

18. (a) Signature of funeral director E. W. Lemme

(b) Address Boone Mo

19. (a) 4-21-41 (b) Charles Schmitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1941 hour 10:30 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 _____

Struck by lightning by

Due to _____

Due to River edge

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) Accident

(b) Date of occurrence April 18, 1941

(c) Where did injury occur? Boone township
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
27th John Schmitt farm
While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Gerald M. ... (Name of physician or coroner)

Address Gerald M. ... Date signed 4-19-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
0
0

15
5

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.....

E. H. Jensen....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Jensen*.....

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.

