

SEP 17 1941 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6293

## 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:  
4923 Devonshire Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Margaret Yaeger

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
George Yaeger alive \_\_\_\_\_ years  
 7. Birth date of deceased 10 2 1857  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 9 29 hr. min.9. Birthplace Oakville Missouri  
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name William Miller  
 18. Birthplace Unknown Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Meyer  
 15. Birthplace Unknown Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
 (b) Address 915 W. Walnut St. St. Louis, Mo.  
 17. (a) Burial (b) Date thereof 8-2-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Truth Center Mortuary  
 (b) Address 4024 Lindell Boulevard  
 19. (a) AUG - 1 1941 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis -14  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4923 Devonshire Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31,  
 year 1941 hour 3:15 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7/30/41  
 \_\_\_\_\_, 19\_\_\_\_, to 7/31/41, 19\_\_\_\_;  
 that I last saw her alive on 7/31/41, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

## Immediate cause of death

Cerebral hemorrhage Duration 1 day  
(left-hemiplegia)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 9 months of death)

## Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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? \_\_\_\_\_

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

23. Signature J. W. Redneck M.D. or other \_\_\_\_\_  
 Address 4523 S. Kingshighway Date signed 7/31/41

---

---

**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.....

*John Kettle*  
.....  
Licensed Embalmer No. 3880

P. O. Address.....

**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.**