

FILED MAR 17 1942 **791**
Registration District No.

Primary Registration District No.

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:
4060A SPRING AVE
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME Anna Mary Jaeger

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Michael Jaeger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 8 1861
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>80</u> | <u>10</u> | <u>23</u> | hr. min. |

9. Birthplace Waterloo, Monroe Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER { 12. Name Henny Vogt

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

14. Maiden name Mary Manna

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

16. (a) Informant Mrs. Wm. P. Schmidt

(b) Address 4060A South Spring St. Louis Mo.

17. (a) St. Peter + Paul (b) Date thereof Feb. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter + Paul

18. (a) Signature of funeral director Paul Ogden

(b) Address 202 N. 24th St. St. Louis Mo.

19. (a) FEB 3 1942 (b) J. F. Brodeck
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4060A SPRING AVE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st,
year 1942 hour 3 minute _____ M.

21. I hereby certify that I attended the deceased from
Jan. 17th, 19 42 to Jan. 31st, 19 42
that I last saw h. er alive on January 30th, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis Duration 2 da.

Due to 1/31
Due to _____

Other conditions: Chronic Nephritis and Interstitial Nephritis
(Include pregnancy within 3 months of death) 6 months.

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) (Specify means of injury)

23. Signature Dr. W. H. Hutton (M. D. or other) _____

Address 3608 S. Grand Blvd. Date signed 1/31/42

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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 ML
....., Registered Apprentice No.
working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 7420

P. O. Address J. H. Harris's Bldg

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, fact should be so stated above.