

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Mo

(c) Name of hospital or institution: ALEXIAN HOSPITAL

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether)

In this community 50 YRS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 600

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 919

(d) Street No. 5427 GOETHE (If rural, give location) 6

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRANK M. JERGER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 28TH year 1942 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from 23rd 1942 to Feb. 28 1942

that I last saw him alive on Feb. 28 1942 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased JULY 16 1878 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis of heart Duration 6 days

8. AGE: Years 63 Months 7 Days 12 If less than one day _____ hr. _____ min.

Due to Arterio-sclerosis

9. Birthplace Jasper Indiana (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation MACHINIST

Major findings: Of operations _____ Of autopsy Coronary Thrombosis

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

11. Industry or business EMERSON ELECTRIC Co

12. Name FIDELIS JERGER

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

14. Maiden name MARY HAHN

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

16. (a) Informant Mary Jerger

(b) Address 5427 GOETHE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 3 42 (Month) (Day) (Year)

(c) Place: burial or cremation JASPER INDIANA

18. (a) Signature of funeral director Kuegohaus and Co

(b) Address 4328 Kingshighway

19. (a) Mar-3-1942 (Date received local report) (b) J. J. Bredel (Registrar's signature)

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 D

3. Signature J. J. Bredel (M. D. or other) MD

Address 3548 S. Brent Date signed 3/4/42

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

996T

996T

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 Reinhold A. Lehmann

Licensed Embalmer No. 3395

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, fact should be so stated above.