

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Marys Inf.  
(d) Length of stay: In hospital or institution 8 days  
In this community 8 day years, months or days

3. (a) PRINT FULL NAME ALBERTA JAGERS

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Howard Jagers 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased April 12 1919  
(Month) (Day) (Year)

8. AGE: Years 22 Months 11 Days 13 If less than one day hr. min.

9. Birthplace: East St. Louis Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER { 12. Name James McDaniel  
18. Birthplace Ill.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Norman  
15. Birthplace Greenville Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Howard Jagers

(b) Address 2617 Illinois Ave. E. St. Louis, Ill.

17. (a) Removal (b) Date thereof March 30 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill.

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 Maple East St. Louis Ill.

19. (a) MAR 30 1942 (b) J. F. Osredock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair  
(c) City or town East St. Louis NR  
(d) Street No. 2617 Illinois Ave.  
(e) If foreign born, how long in U. S. A. 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1942 hour 11 minute 23 P.M.

21. I hereby certify that I attended the deceased from MAR. 11 1942 to MAR. 26 1942  
that I last saw her alive on MAR. 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 7 days  
Due to Influenza & Pueris 2 wks

Due to 33

Other conditions (Include pregnancy within 3 months of death) 11

Major findings: Of operations none 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. Earle Melian (M. D. or other) MD

Address Louisy Ill. Date signed 3/27/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Lyda Hughes*

Licensed Embalmer No.....

*2938*

P. O. Address.....

*St Louis*

**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.**