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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19691

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5949

1. PLACE OF DEATH:

(a) County None

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1472 Gregg / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community Lifetime (79 years) years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County None 12

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 04

(d) Street No. 1472 Gregg (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No) 0

If yes, name country No

3. (a) PRINT FULL NAME MARY MAGDALINE JAEGGI

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Adolph Jaeggi

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. (Month) 20, (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
79	6	22	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Joseph Huerter
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Sophia Kessler
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Paul Jaeggi

(b) Address 1472 Gregg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 6464 Chippewa Street

19. (a) JUL 13 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 3rd, 1942 to July 12, 1942 that I last saw her alive on July 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Carcinoma

Due to

Due to

Other conditions Anemia (Include pregnancy within 3 months of death) Senility

Major findings: Of operations None

Of autopsy None

Duration

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) no

(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)

While at work? (e) Means of injury

23. Signature [illegible] Renes (M. D. or other)

Address 2202 So Broadway Date signed 7/14/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. G. E. Benes
2202 S. Broadway
Office Hours 2:00

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.