V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35525

Registrar's No. 9260

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Anthonys' Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Festus 3 NR
(If outside city or town limits, write "RURAL")

(d) Street No. None 1
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Norman Walter Jaeger

3. (b) If veteran, name war

3. (c) Social Security No. Nil

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Child 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 5th (Day) 1942 (Year)

8. AGE: Years | Months | Days 29 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Norman Walter Jaeger Sr.
13. Birthplace Seattle, Wash. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Sewald
15. Birthplace Festus, Mo. 10 (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Jaeger
(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) NOV 5 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1942 hour 130 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1- 1942, to Nov 4- 1942, that I last saw him alive on 11-4-42, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Starvation

Due to Pyloric obstruction

Due to Thickened (inflammatory) muscle band at Pyloric junction

Other conditions (Include pregnancy within 3 months of death) (Ramstead) operation to relieve stricture Ramstedt.

Major findings: Of operations Thicke band at Pyloric junction Causing Complete Occlusion,
Of autopsy

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)

(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 Marlin Glaser (M. D. or other)
Address 506 Olive Dr. Date signed 11-5-42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford H. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo.

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.