

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF VITAL RECORDS
FILED AUG 18 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7109

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: Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day - 7 hrs
45 minutes (Specify whether years, months or days)

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") 17
(d) Street No. 3952 Schiller Place (If rural, give location) 7 15
(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1943 hour 5:45 AM minute _____ M.
21. I hereby certify that I attended the deceased from Aug 3
1943 to Aug 5 1943
that I last saw him alive on Aug 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Aspiration pneumonia
Due to _____
1 month before death
diagnosis of pneumonia?
Due to Intracranial hemorrhage

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Gene Charles Jaeger

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased August 3, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 7 hr. 45 min.

9. Birthplace Saint Louis Maternity Hosp.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Alvin William Jaeger

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

14. Maiden name Bernice Cathryn Schauer

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

16. (a) Informant Saint Louis Maternity Hosp.

(b) Address 630 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Bros.

(b) Address 3029 Lafayette Ave.

19. (a) AUG 6 1943 (Date received local registrar) (b) J. J. Prudek (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 _____

23. Signature J. H. Brown, M.D. (M. D. or other) _____

Address 630 S. Kingshighway Date signed 8-5-43

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

MOTHER FATHER

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.....
Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed

Frank J. Downs

Licensed Embalmer No. *2245*

P. O. Address *Ashtabula*

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.