

FILED JAN 31 1944
 Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2219-Wallis Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 19 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Overland
(If outside city or town limits, write "RURAL")
 (d) Street No. 2219-Wallis Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

William Yaeger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 1
(Month) (Day) (Year)

1871
(Year)

8. AGE: Years 72 Months 5 Days 21

If less than one day
 hr. _____ min. _____

9. Birthplace Freeburg Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miner

11. Industry or business _____

12. Name Nick Yaeger

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

14. Maiden name Rosa Winterbauer

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

16. (a) Informant Nick Yaeger

(b) Address 2219-Wallis Ave-Overland, Mo

17. (a) Burial (b) Date thereof 1-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem

18. (a) Signature of funeral director Barbara Ann Brodus

(b) Address 2504-Woodson Rd Overland

19. (a) JAN 26 1944 (b) E. G. Malgavan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day 1 Jan
 year 1944 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1-12, 1944, to 1-22, 1944
 that I last saw him alive on 1-22, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Left Hemiplegia
Arterio-sclerosis
Myocarditis

Duration
10 days
4 yrs.
?

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

Major findings:

Of operations _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Herman Kloebner (M. D. or other) MD
 Address 9631 Backel Rd Date signed 1-24-44

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 *W. G. Peterson*

Licensed Embalmer No. *# 3767*

P. O. Address *Overland, 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.