

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home For the Aged - 3400 So. Grand**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 mos.**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL")
(d) Street No. **3400 So. Grand Blvd.** (If rural, give location) **16**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George I. Jaeger**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **29th**
year **1944** hour **6** minute **30A** M.

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Josephine** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 25 1861**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1944 to Feb 29 1944 and that death occurred on the date and hour stated above.

8. AGE:
Years **82** Months **9** Days **4** If less than one day _____ hr. _____ min.

Immediate cause of death **Cardiovascular and regenerative disease**
Due to **Lobar Pneumonia**
Due to **19 upper**
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**

11. Industry or business _____
12. Name **Anton Jaeger**
13. Birthplace **Don't know** (City, town, or county) (State or foreign country)
14. Maiden name **Eva Huber**
15. Birthplace **Don't know** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Sister Theresa**
(b) Address **3400 So. Grand Blvd.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/30/44** (Month) (Day) (Year)
(c) Place: burial or cremation **SS. Peter & Paul Cem.**
18. (a) Signature of funeral director **Gibson Berg Mortuary**
(b) Address **2842 Meramec St.**
19. (a) **MAR 29 1944** (Date received local registrar) (b) **J. Beebeek** (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. Beebeek** M.D. or other _____
Address **Miss. Clerk** Date signed **3/29/44**

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..... me

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Joe S. Benz*

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.