

No. 2
1-4-41
-17-39
X26390

FILED MAY 20 1944
SLS

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4380

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 10 - Calverton Rd.
(If rural, give location) N.R.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1944 hour 11:00 minute 0 P. M.
21. I hereby certify that I attended the deceased from 9 June
1944 to 10 May 10 1944
that I last saw her alive on May 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma left ovary, 1 yr.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Carcinoma left ovary
Of operations _____
Of autopsy _____

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

3. (a) PRINT FULL NAME Norma Jaeger.

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, divorced Married

6. (b) Name of husband or wife Justin H. Jaeger 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased October 15 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home.

11. Industry or business _____

12. Name Arthur Hirschberg

13. Birthplace Saint Louis - Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sila Reur

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

16. (a) Informant Justin H. Jaeger

(b) Address R.R. 10-Calverton Rd.

17. (a) Burial (b) Date thereof May 12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) None (b) J. F. Brueck
(Data received local registrar) (Registrar's signature)

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

4500 OLIVE ST.
RO-6614
Hrs. 2 to 3 P.M.

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..... *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City*

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.