V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23121

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6149

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: 3319 N. Broadway. /
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 26
(If outside city or town limits, write "RURAL")

(d) Street No. 3319 N. Broadway.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Julia Jaeger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W /

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Charles H. F. Jaeger

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

7. Birth date of deceased Feby. (Month) 12th. (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	4	26	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name William Haverport
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Dont Know
15. Birthplace Maryland / (City, town, or county) (State or foreign country)

16. (a) Informant Eugene A. Jaeger
(b) Address 3319 N. Broadway.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JUL 11 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th. year 1944 hour 5.30 minute P. M.

21. I hereby certify that I attended the deceased from Aug - 1943, 19 to July 8 - 1944 that I last saw her alive on July 8 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Circinoma of lungs

Due to age & cordio-vascular disturbance

Due to

Other conditions X ray exam - Shaw lung Cancer
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no 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 G. H. Ruddell (M. D. or other)

Address 1250 N. Kingshighway Date signed 7-10-44

(Licensed Embalmer's Statement on Reverse Side)

G.W. Ruddell
1259 N. Kingshighway
Till 12
Fo 4512

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 Robert L Brinkman

Licensed Embalmer No. 3553

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.