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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 14604  
 Registrar's No. 807

FILED APR 23 1945

Registration District No. 174

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town Maplewood Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Maplewood Nursing Home 4  
 (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:

(a) State Mo (b) County 96  
 (c) City or town Web Grove Mo  
 (If outside city or town limits, write "RURAL") 7  
 (d) Street No. 58 Wilshire Terrace  
 (If rural, give location) 4  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME

Pauline Yaeger

3. (b) If veteran,  
 name war..... No

3. (c) Social Security  
 No..... No

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced.....  
 6. (b) Name of husband or wife..... Anthony  
 6. (c) Age of husband or wife if  
 alive..... years  
 7. Birth date of deceased..... Feb 4 1870  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 1 26 hr. min.

9. Birthplace..... St. Louis County D  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

12. Name Philip Burg

13. Birthplace Strusburg Germany 4  
 (City, town, or county) (State or foreign country)

14. Maiden name Katherine Miller

15. Birthplace Germany 11  
 (City, town, or county) (State or foreign country)

16. (a) Informant Leslie Yaeger

(b) Address 58 Wilshire Terrace

17. (a) Burial (b) Date thereof 4 2 45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) APR 2 1945 (b) E. B. Hanson 40  
 (Date received local health officer's report) (Registrar's signature) BY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
 year 1945 hour 9:45 minute p. M.

21. I hereby certify that I attended the deceased from  
March 7, 1945 to March 30, 1945,  
 that I last saw her alive on March 30, 1945,  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary occlusion  
 Due to Arteriosclerosis

Duration

36 hrs.

10 yrs.

Due to.....

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

Major findings:  
 Of operations..... gpa  
 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?

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

23. Signature Arthur W. Westrup (M. D. or other)  
 Address Webster Groves Mo Date signed.....

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

MOTHER FATHER

*Dr Westrup*

Dr Westrup

**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..... *Edwin D McArthur*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**