

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18127
Registrar's No. 1035

FILED JUN 7 1945
Registration District No. 31745

Primary Registration District No. 3070

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
504 Ridge 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 _____

3. (a) PRINT FULL NAME Anna H. Jaeger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem / 5. Color or race Wh / 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Frank H. Jaeger 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January 7, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Altoona Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known /

13. Birthplace Altoona Penn
(City, town, or county) (State or foreign country)

14. Maiden name Jansen Gill

15. Birthplace Altoona Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Frank H. Jaeger
(b) Address 504 Ridge Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30-45
(Month) (Day) (Year)

(c) Place: burial or cremation New Ss. Peter & Paul

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Maple St. Webster Groves Mo

19. (a) MAY 2 1945 (Date received local registrar) (b) [Signature] (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Webster Groves ⁷
(If outside city or town limits, write "RURAL")

(d) Street No. 504 Ridge Ave. ⁴
(If rural, give location)

(e) Citizen of foreign country? No ⁰ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1945 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from January 1940, to 4-27 1945;
that I last saw her alive on 4-27 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhages ^{8 hrs}

Due to Hypertension & Arteriosclerosis ^{2 yrs}

Due to 830

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

Major findings:
Of operations _____

Of autopsy _____

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 Carl D. Brand (M. D. or other) ⁰
Address Webster Groves Mo Date signed 4/27/45

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

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.....

Albert J. Lappe

Licensed Embalmer No. *2971*

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.