. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19372

FILED JUL 14 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5490

1. PLACE OF DEATH:

(a) County St Louis Mo.

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

(c) Name of hospital or institution: 3409 A Missouri Ave. (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 24

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

(d) Street No. 3409 A Missouri Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MATTHEW YAEGER

3. (b) If veteran, name war

3. (c) Social Security No. 498-16-9394

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Yaeger

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 12 (Month) 1886 (Day) (Year)

8. AGE: Years 58 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Maryland (City, town, or county) Baltimore (State or foreign country)

10. Usual occupation Assembler

11. Industry or business Medart Pulley Works

FATHER
12. Name John Yaeger
13. Birthplace Hungary (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Mary Shift
15. Birthplace Hungary (City, town, or county) (State or foreign country) 4

16. (a) Informant Catherine Yaeger

(b) Address 3409 A Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Thos Lutz & Son

(b) Address 2906 Gravois Ave.

19. (a) JUN 23 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JUN 25 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1945 hour 12 00 Noon minute M.

21. I hereby certify that I attended the deceased from June 14 — 1945, to June 23, 1945; that I last saw him alive on June 23 — 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Melano - Carcinoma of left chest wall

Due to with metastasis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Metastasis carcinoma of left axilla

Of autopsy

Duration 3½ years

55

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 [signature] (M. D. or other) MD

Address 3606 Shaw Date signed 6/23/45

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Gravois.

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.