. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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. 35431

FILED NOV 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9771

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: 4316 Warne 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:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4316 Warne Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emilie Jaeger
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John Jaeger
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased December (Month) 3 (Day) 1860 (Year)
8. AGE: Years 84 Months 11 Days 6 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Herman Sahrhage
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Unknown Hufendieck
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant George H Jaeger
(b) Address 4316 Warne Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem
18. (a) Signature of funeral director Beiderwieden F H Inc
(b) Address 1936 St Louis Avenue
19. (a) NOV 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1945 hour 12 minute 00 Noon
21. I hereby certify that I attended the deceased from Jan 8, 1940, to Nov. 8, 1945 that I last saw he alive on Nov. 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration One day
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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 J. J. Phillips (M. D. or other)
Address 3825 N. 20th Date signed 11/9/45

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.