

S. No. 2
M-8-43
5-17-39
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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. **30259**
Registrar's No. **10253**

FILED DEC 9 1946 **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4344 Arsenal St.
(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)

3. (a) PRINT FULL NAME Peter J. Yeager

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Mary Paulene 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased April 10 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 19 hr. min.

9. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Mercantile Business (Retired)

11. Industry or business.....

12. Name Peter Yeager

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

14. Maiden name Mary Unknown

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

16. (a) Informant Miss Marie Yeager

(b) Address 4344 Arsenal St.

17. (a) Burial (b) Date thereof 12 2 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. DEC 1 1946 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4344 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 29th
year 1946 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 18 to Nov 29 1946
that I last saw him alive on Nov 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis

Due to.....
Due to.....

Other conditions Semility (age 86)
(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 J. F. Bedeck (M. D. or other) MD
Address 975 Grand Ave Date signed 11/30/46

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.....

Edwin M. Bernatt

Licensed Embalmer No. *302X*

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.