

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31494

State File No.

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6042 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville, Mo</u>	
c. LENGTH OF STAY (in this place) <u>55 yr</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Jaeger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct 30 1862</u>		9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR (Months) (Days) <u>10 23</u>	
11. BIRTHPLACE (State or foreign country) <u>Weldon Springs, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____			

13a. FATHER'S NAME <u>John Jaeger</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Wolf</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Kruss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mrs. Ludbrook</u>	
				ADDRESS <u>Wentzville, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		3 years	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from June 1946 to Aug. 1949, that I last saw the deceased alive on Aug. 15, 1949, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.C. McMurtry M.D.</u>		23b. ADDRESS <u>Wentzville, Mo</u>		23c. DATE SIGNED <u>8/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weldon Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Weldon Springs Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T.E. Pittman</u>			
DATE REC'D BY LOCAL REG. <u>Sept 21 1949</u>		REGISTRAR'S SIGNATURE <u>Walter F. Coff</u>		ADDRESS <u>Wentzville, Mo</u>	

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

RECEIVED SEP 13 1949
District Health Officer No. 9,
District File Number.....

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed P. E. Pitman.....

Signed.....
Student Embalmer

Licensed Embalmer No. 274.....

P. O. Address Wentzville, Mo......

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.