

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14268

State File No. _____

3036

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION 3847 Cottage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119

d. STREET ADDRESS (If rural, give location) 3847 Cottage 0

3. NAME OF DECEASED
a. (First) Joseph b. (Middle) _____ c. (Last) Jaeger

4. DATE OF DEATH (Month) (Day) (Year)
3 30 51

5. SEX male 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 18-1888

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St. Louis-Mo

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Martin Jaeger

13b. MOTHER'S MAIDEN NAME Maggie Norton

14. NAME OF HUSBAND OR WIFE Selma Jaeger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Selma Jaeger 3847 Cottage Ave.

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) General carcinoma
ANTECEDENT CAUSES carcinoma of colon
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 year
2 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from Aug, 1944, to Mar 30, 1951, that I last saw the deceased alive on 3-29, 1951, and that death occurred at 4 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Williams MD

23b. ADDRESS 4074 Grand

23c. DATE SIGNED 3/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-2-1951

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.

24d. LOCATION (City, town, or county) (State) St. Louis-Missouri

DATE REC'D BY LOCAL REG. APR 2 1951

REGISTRAR'S SIGNATURE J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. 2223 St. Louis Ave.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John P. Beechholz

Signed.....
Student Embalmer

Licensed Embalmer No. 1674

P. O. Address 2223 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.