

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3279**
0347BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2089 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | d. STREET ADDRESS (If rural, give location) 8357 N Broadway | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) c. (Last) JAEGER | | | 4. DATE OF DEATH (Month) (Day) (Year) January 10, 1953 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3 | 8. DATE OF BIRTH Aug 4th, 1903 |
| 9. AGE (In years last birthday) 49 | | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Peter Grimm | |
| 13b. MOTHER'S MAIDEN NAME Katerine Miller | | 14. NAME OF HUSBAND OR WIFE Arthur 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. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS B.F. Grimm, 2104a Fair |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast carcinomatosis ANTECEDENT CAUSES Morbid 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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? 170X | |
| 22. I hereby certify that I attended the deceased from June 3, 1952 , to January 10, 1953 , that I last saw the deceased alive on January 10, 1953 , and that death occurred at 7:15A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Shirley H. Riffin MA (Degree or title) | | 23b. ADDRESS 1515 Lafayette Avenue | 23c. DATE SIGNED 1-10-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/13/53 | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| DATE REC'D BY LOCAL HEALTH OFFICER JAN 13 1953 | REGISTRAR'S SIGNATURE J. Carl Smith MB | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. W. R. Roubalek
Licensed Embalmer No. 36531

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.