

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3280**
Registrar's No. **0328**

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0328	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____ Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5541 Columbia Ave.				d. STREET ADDRESS (If rural, give location) 13. 5541 Columbia Ave.			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) _____ b. (Middle) W. c. (Last) JAENECKE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 11, 1875		9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer Helper (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Roofing		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Henry Jaenecke		13b. MOTHER'S MAIDEN NAME Unknown Schmidt		14. NAME OF HUSBAND OR WIFE Late Elida Jaenecke			
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 Lelia A. Jaenecke 5541 Columbia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer - Esophagus & Liver Metastases INTERVAL BETWEEN ONSET AND DEATH 7 years ANTECEDENT CAUSES 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. Hemorrhage from bowel lesion 2 wks					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 0		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 Dec. 1952 , to Jan 11, 1953 , that I last saw the deceased alive on Jan 10, 1953 , and that death occurred at 1:55P m. , from the causes and on the date stated above.							
23a. SIGNATURE W. P. Smith MD		(Degree or title)		23b. ADDRESS 2632 S. Kingshighway		23c. DATE SIGNED 1-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Jan. 14, 1953		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 12 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl			

(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

Edwin A. McHenry

Licensed Embalmer No. 3024

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.