

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15834

State File No.

3836

FILED APR 23 1953

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

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**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis 2059**

d. FULL NAME OF HOSPITAL OR INSTITUTION **6045a Suburban Ave.,**

d. STREET ADDRESS (If rural, give location) **6045a Suburban Ave.,**

3. NAME OF DECEASED
a. (First) **WALTER** b. (Middle) **W.** c. (Last) **JAEGER.**

4. DATE OF DEATH (Month) (Day) (Year) **April 10, 1953.**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept. 29, 1903**

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **49**

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

10b. KIND OF BUSINESS OR INDUSTRY **Mo. Title Co.**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John Jaeger**

13b. MOTHER'S MAIDEN NAME **Anna Hillinghorst**

14. NAME OF HUSBAND OR WIFE **Margaret Jaeger**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**

16. SOCIAL SECURITY NO. **488-05-0522**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Margaret Jaeger 6045a Suburban 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Coronary Vasculus.**
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
Dr. Haus

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? **4201**

22. I hereby certify that I attended the deceased from **Sept 1933**, to **4-10, 1953**, that I last saw the deceased alive on **4-10, 1953**, and that death occurred at **4:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE **James J. Riley M.D.** (Degree or title)

23b. ADDRESS **730 Hodiamont**

23c. DATE SIGNED **4-11-53**

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

24b. DATE **April 13-53**

24c. NAME OF CEMETERY OR CREMATORY **New Pickers Cem.,**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **APR 14 1953**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Jos. W. Clark 1125 Hodiamont Ave.,**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr; P.J.REILLY
730 Hodlamont Ave.,

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, ~~as by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.