

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29311

State File No.

FILED SEP 14 1953

BIRTH NO. ... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (in this place) 8/18/53		d. STREET ADDRESS (If rural, give location) 4048 McMaisters	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering			

3. NAME OF DECEASED (Type or Print) Roy H. Jaeger			4. DATE OF DEATH (Month) (Day) (Year) August 31 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 17, 1897		9. AGE (In years last birthday) 55 if UNDER 1 YEAR Months 10 Days 14 if UNDER 12 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Hardware Mutuals		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Frank G. Jaeger		13b. MOTHER'S MAIDEN NAME Harriett Mudge	
14. NAME OF HUSBAND OR WIFE Margaretta Jaeger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. 190-10-3129	

17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy H. Jaeger		ADDRESS Hannibal Missou	
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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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebra Sclerosis - 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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). 332 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **18 Aug 1953**, to **Aug 31, 1953**, that I last saw the deceased alive on **Aug 31 1953**, and that death occurred at **13:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Dee or title) M. J. Reel M.D.		23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED Sept 11/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/3/53		24c. NAME OF CEMETERY OR CREMATORY Veterans Memorial	
24d. LOCATION (City, town, or county) (State) St. Louis Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...			

DATE REC'D BY LOCAL REG. 9-1-53		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		ADDRESS Hannibal Missouri	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 11 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 11 1952

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 Joseph S. Kord
7/15

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.