

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36923**
REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048** Registrar's No. **22**

FILED NOV 9 - 1953

1920

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Dardenne)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Dardenne)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles North of Weldon Springs Mo.		d. STREET ADDRESS 3 miles North of Weldon Springs, Mo.	
3. NAME OF DECEASED a. (First) William b. (Middle) Washington c. (Last) Jaeger			4. DATE OF DEATH November 1 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 29 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	9. AGE (In years last birthday) 79
		11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Jaeger		13b. MOTHER'S MAIDEN NAME Katherine Wolf	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ivan Jaeger, Weldon Spring Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration INTERVAL BETWEEN ONSET AND DEATH 3 wks 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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) (Min.)	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 Nov 1, 1953 , to Oct 1, 1953 , that I last saw the deceased alive on Oct. 17, 1953 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. C. Mc Murray MD.		23b. ADDRESS Wentzville, Mo	
23c. DATE SIGNED 11/2/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Weldon Spring Evang.	24d. LOCATION (City, town, or county) (State) Weldon Spring, Mo.
DATE REC'D BY LOCAL REG. 4-53	REGISTRAR'S SIGNATURE Ea Keithly 288	25. FUNERAL DIRECTOR'S SIGNATURE Morris Murchony ADDRESS Wentzville, Mo.	

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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.