

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9769**  
**2321**

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>St. Louis</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |  | c. LENGTH OF STAY (in this place)<br><b>3 weeks</b>  |  | c. CITY OR TOWN <b>St. Louis</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>   |  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>23 2141 Russell</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Otto</b>  |  | a. (First) <b>Otto</b>   |  | b. (Middle) <b>L</b>  |  | c. (Last) <b>Jaeger</b>  |  |
| 4. DATE OF DEATH <b>March 12 1955</b>   |  | DATE (Month) (Day) (Year)  |  | 5. SEX <b>M.</b>  |  | 6. COLOR OR RACE <b>W.</b>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>   |  | 8. DATE OF BIRTH <b>August 30- 1886</b>  |  | 9. AGE (In years last birthday) <b>68</b>   |  | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Putty maker</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Cote Paint Co</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME <b>Martin Jaeger</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Margaret Norton</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Frances Jaeger</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>  |  | 16. SOCIAL SECURITY NO. <b>488-10-3657</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frances Jaeger 2141 Russell</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis Generalized</b><br>ANTECEDENT CAUSES <b>Cerebral vascular accident</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cardiac Strain</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b><br><b>10 11</b><br><b>6 months</b>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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)   |  |  |  |
| 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? <b>331X</b>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 19 1955</b> to <b>Jan 12, 1955</b> ; that I last saw the deceased alive on <b>Jan 12, 1955</b> , and that death occurred at <b>3:25 Pm.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <b>Rm B Meyers</b>   |  |  |  | 23b. ADDRESS <b>3903 Olive St.</b>  |  | 23c. DATE SIGNED <b>3/14/55</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>   |  | 24b. DATE <b>March 15-1955</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>  |  |
| DATE REC'D BY LOCAL REG. <b>MAR 14 1955</b>   |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell Blvd.</b>   |  |  |  |

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

**m.j.B.** (Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Len*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.