

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016920

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 902

4000  
300  
-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Norwoods NORTH WOODS</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>NORTH WOODS 4000</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7133 Groveland</b> Length of stay in lb <b>6 YRS</b>		d. STREET ADDRESS (If outside, give location) <b>7133 Groveland</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Dr. John W. Jaeger</b>			4. DATE OF DEATH Month Day Year <b>March 28, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 13, 1893</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chiropractor</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>64</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>Am.</b>	
13. FATHER'S NAME <b>Fred Hasenjaeger</b>		14. MOTHER'S MAIDEN NAME <b>Anna spiring</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yrs. since war or dates of service) <b>W. W. I</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT Address <b>Emilie Jaeger 7133 Groveland</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unlabeled Material Causes</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>79.54</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Herbert R. Donke, M.D.</b>		22b. ADDRESS <b>651 S. Brentwood, Clayton, Mo.</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL, (Specify) <b>Burial</b>	23b. DATE <b>8 3/31/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cem</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>
24. FUNERAL DIRECTOR ADDRESS <b>Fred C. Henke 4911 Washington Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>3-31-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmer R. Padwe*.....

Licensed Embalmer No. *40*.....

P. O. Address *St. L.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.