

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003111  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
1-57  
20  
265  
1

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. **8 777**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3951A N. 20 ST</b>		Length of stay in lb <b>71 YRS</b>	
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>—</b> Last <b>JAEGER</b>		4. DATE OF DEATH Month <b>JAN.</b> Day <b>21.</b> Year <b>1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 26. 1887</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LABORER</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE LAST CO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>LOUIS JAEGER</b>		13b. MOTHER'S MAIDEN NAME <b>CHARLOTTE MEYER</b>	14. NAME OF HUSBAND OR WIFE <b>NIL</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR #1</b>		16. SOCIAL SECURITY NO. <b>489-05-8007</b>	17. INFORMANT Address <b>3951A N. 20th ST.</b> <b>MRS EDNA WATERLAND</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>Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardiac Asthma</b>			<b>4-5 yrs</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>"</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4500</b>			19. WAS AUTOPSY PERFORMED? <b>Y.</b> 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. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>Dec 1954</b> to <b>Jan 21, 1959</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>Jan 21, 1959</b> Death occurred at <b>Jan 21, 1959 6 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles M. Mellis DO.</b>		22b. ADDRESS <b>3823 N 20th</b>	22c. DATE SIGNED <b>1/23/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JAN 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FRIEDENS CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>Bluedmeyer &amp; Sons 3934 N. 20 ST</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 23 '59</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith MD</b> <b>mjb</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

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 *Custaw W. Dichter* .....

Licensed Embalmer No. *4329* .....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.