

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007907

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 546

Registrar's No. 533

FILED MAR 2 1959

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-57

1. a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Overland</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Overland 423 K</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9543 Holtwood</b>		Length of stay in lb <b>9 years</b>	d. STREET ADDRESS (If outside, give location) <b>9543 Holtwood</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Herman - - - - Jaeger</b>			4. DATE OF DEATH Month Day Year <b>Feb. 23, 1959</b>		
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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>Feb. 9, 1877</b>	9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. (last birthday) Months Days Hours Min. <b>82</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Millworker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Sawmill</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Herman Jaeger</b>	13b. MOTHER'S MAIDEN NAME <b>Rosina Willming</b>	14. NAME OF HUSBAND OR WIFE <b>Emilie Jaeger</b>
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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>48b-18-4724A</b>	17. INFORMANT Address <b>Emilie Jaeger, 9543 Holtwood</b>
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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>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <b>Hypertension.</b> DUE TO (c) <b>Sclerosis of arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 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
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21. I attended the deceased from <b>Jan - 1947</b> to <b>Feb 24-59</b> and last saw him alive on <b>Feb 23</b> Death occurred at <b>8:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Lt. J. F. Snyder M.D.</b>	22b. ADDRESS <b>2573 Woodman.</b>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-26-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Pagedale, Missouri</b>
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24. FUNERAL DIRECTOR <b>Baumann Bros. Inc. Overland, Mo.</b>	25. ADDRESS <b>2504 Woodson Rd.</b>	26. DATE RECD. BY LOCAL REG. <b>2-25-59</b>	27. REGISTRAR'S SIGNATURE <b>John C. Murphy, M.D.</b>
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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 *David C. [Signature]*

Licensed Embalmer No. *3454*

P. O. Address *Overland*

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.