

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 1003 -61-026952  
 REGISTRATION DISTRICT NO. PRIMARY REGISTRATION DISTRICT NO. REGISTRAR'S NO. STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7081 STATE FILE NUMBER -61-026952

**FILED AUG 8 1961**

1. PLACE OF DEATH  
 a. COUNTY Missouri b. COUNTY St. Louis  
 c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 16-mos.  
 c. CITY OR TOWN Affton Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 8538 Mathilda Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Charles F. Jaehn 4. DATE OF DEATH Month Day Year July 29, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11/19/76 9. AGE (last birthday) 84 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Employee 10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Jaehn 13b. MOTHER'S MAIDEN NAME Sophie Noll 14. NAME OF HUSBAND OR WIFE Louisa M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Viola Stoeppler - 4986 Quincy

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebrovascular INTERVAL BETWEEN ONSET AND DEATH 4 years  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) 177X  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 4-29-60 to 7-29-61 and last saw her/him alive on 7-29-61  
 Death occurred at 3:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thos H. Helderle, M.D. 22b. ADDRESS 216 So Kingshighway 22c. DATE SIGNED 7/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Aug. 1, 1961 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave. 25. DATE RECD. BY LOCAL REG. JUL 31 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

STATE FILE NUMBER

1. USUAL RESIDENCE (Where deceased lived if not in our Republic before date of death)		2. COUNTY		3. STATE	
4. CITY		5. TOWN		6. ADDRESS	
7. DATE OF DEATH		8. DATE OF BIRTH		9. AGE (last birthday)	
10. BIRTHPLACE (City and state or country)		11. OCCUPATION		12. INDUSTRY	
13. NAME OF HUSBAND OR WIFE		14. MARRIAGE DATE		15. MARRIAGE PLACE	
16. ADDRESS		17. MARRIAGE DATE		18. MARRIAGE PLACE	

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 *Clarence M. Bills*  
 Licensed Embalmer No. 4375  
 P. O. Address *St Louis 23, 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.