

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037073

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2647 STATE FILE NUMBER

FILED SEP 20 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Manchester		Length of stay in 1b 3 1/2 Yrs.	c. CITY OR TOWN Glencoe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) Route 1
3. NAME OF DECEASED (Type or print) First August Middle Last Jaeger		4. DATE OF DEATH Month Sept. Day 11 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/18/81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (last birthday) 80
11a. FATHER'S NAME Herman Jaeger		11. BIRTHPLACE (City and state or country) St. Louis Co. Mo.	
12a. MOTHER'S MAIDEN NAME Rosena Willming		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Herman Jaeger		13b. MOTHER'S MAIDEN NAME Rosena Willming	
14. NAME OF HUSBAND OR WIFE Nora Jaeger		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. None		17. INFORMANT Nora Jaeger	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS		INTERVAL BETWEEN ONSET AND DEATH ?	
DUE TO (b) GENERAL ARTERIOSCLEROSIS		?	
DUE TO (c) SENILITY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. p.m. Month, Day, Year		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 APRIL 1, 1960 to SEPT. 11, 1962 and last saw her/him alive on SEPT. 11, 1962		Death occurred at 3:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE B. R. Rooving, M.D.		22b. ADDRESS BALLWIN, Mo.	
22c. DATE SIGNED 9-12-62		23a. BURIAL, CREMATION, etc. REMOVED	
23b. DATE 9/14/62		23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	
23d. LOCATION (City, town, or county) (State) Pond, Mo.		24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.	
25. DATE RECD. BY LOCAL REG. 9-13-62		26. REGISTRAR'S SIGNATURE John B. Murphy	

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard M. Bopp

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballerwin, 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.