

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Deaconess Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME **George Yeager (YAEGER)**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Late Amelia Yeager** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb. 1st 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>	<b>0</b>	<b>3</b>	hr. _____ min.

9. Birthplace: **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher**  
**retired 20 Yrs.**

11. Industry or business \_\_\_\_\_  
12. Name **Unknown Yeager**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rudolph P. Yeager**  
(b) Address **4981a Columbia Ave.**

17. (a) **Burial** (b) Date thereof **2-7-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director: **Kriegshauser Mortuar**  
(b) Address **4228 So. Kingshighway**

19. (a) **FEB 6 1940**  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **13**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4981a Columbia Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **4th**  
year **1940** hour **7** minute **A.M.**

21. I hereby certify that I attended the deceased from **Dec 1** 19**39** to **Feb 3** 19**40**;  
that I last saw him alive on **Feb 3** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic Carcinoma of the lung** Duration **2 weeks**

Due to **Carcinoma of the prostate** ?

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of prostate**  
Of operations \_\_\_\_\_  
Of autopsy **None**

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

ES While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature **Bert Klein MD** (M. D. or other) \_\_\_\_\_  
Address **2637 Kingshighway** Date signed **2-5-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 7 1940

*Dr. Meier*

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed *Reinhold K. Lohman*  
Licensed Embalmer No. 3395

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, above space should be left blank.**