

FILED JAN - 5 1942
878

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
417 Fillmore St.
(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)

3. (a) PRINT FULL NAME Charles G. Yaeger
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Yaeger
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August 3, 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 18
If less than one day hr. min.

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Julius Yaeger
13. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Julia Schwab
15. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Yaeger
(b) Address 417 Fillmore

17. (a) Burial (b) Date thereof 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,

19. (a) DEC 22 1942 J. F. Bredek
(Date received and received by) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 417 Fillmore St.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December 21, 1942
year 1942 hour 12 minute 00 P.M.
21. I hereby certify that I attended the deceased from August 31, 1942 to December 21, 1942
that I last saw him alive on Dec 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Carcinomatosis
Ch. cholecystitis + lithiasis
Ch. myocarditis
Due to
Due to
Other conditions vesicles
Primary site of Carcinoma
Major findings: foci just removed
Of operations
Of autopsy Carcinomatosis
cholecystitis - lithiasis

Duration
chronic
chronic
chronic
Recent

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) N.D.
(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?
(Specify type of place)

23. Signature Thomas C. Johnson M.D.
Address Metropolitan St. Date signed 12-21-42

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

Dr. St. John
508 N. Grand Blvd
J 4141

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 Virgil L. Berryman
Licensed Embalmer No. 4018
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 this body is not embalmed, fact should be so stated above.