

FILED JUN 14 1943

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 5192

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3616 Iron St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 76 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
 (c) City or town..... City of St. Louis V7
(If outside city or town limits, write "RURAL")
 (d) Street No..... 3616 Iron St. 9
(If rural, give location) 0
 (e) Citizen of foreign country?..... NO (Yes or No)
 If yes, name country.....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
 year 1943 hour 1 minute 30 P M.
 21. I hereby certify that I attended the deceased from May, 1940
 19... to June 3, 1943
 that I last saw her alive on June 2, 1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5/Color or race white
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
30 1866
(Month) (Day) (Year)

Immediate cause of death.....
Cerebral Hemorrhage
Hypertension
Chronic Hypertension
 Due to..... 2 yrs.
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
76 9 3hr.min.

9. Birthplace..... Oakville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... At Home

MOTHER FATHER { 12. Name..... Christian Tansberger
 13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
 14. Maiden name..... Louisa Rau
 15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations.....
 Of autopsy.....

16. (a) Informant..... Homer Yaeger
 (b) Address..... 3616 Iron St.

17. (a) Burial (b) Date thereof..... 6-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Park Lawn Cemetery

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?
 While at work?..... (Specify type of place)
 (e) Means of injury.....

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

19. (a) JUN 14 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature..... Thos. H. Hansen (M. D. or other) M.D.
 Address..... 3651 Grand Blvd. Date signed..... 6/14/43

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

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.