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5-43  
7-39  
X36671

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

FILED FEB 11 1944  
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Little Sisters Poor-3225 N. Florissant  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Years (Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Frederick Yaeger

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased: Nov. 25, 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Iron Worker

11. Industry or business \_\_\_\_\_

12. Name John D. Yaeger

13. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Dies

15. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeanne

(b) Address 3225 N. Florissant Ave.

17. (a) Burial (b) Date thereof 2-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 2840 Lindell Blvd.

19. (a) FEB 3 1944 (Date received local registrar) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 N. Florissant Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2  
year 1944 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from November 1, 1943 to February 2, 1944  
that I last saw him alive on February 1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration ??

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

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

Major findings:  
Of operations None  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) or Means of injury \_\_\_\_\_  
23. Signature Bernard H. [unclear] (M. D. or other)  
Address 1302 Salisbury St. Date signed 2-2-44

X  
347-2  
Baltimore  
Md

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**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Russell

**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.**