S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19533

FILED JUN 5 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5188

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: St Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 54 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair 999

(c) City or town Belleville 11
(If outside city or town limits, write "RURAL")

(d) Street No. 22 N. Douglas 0
(If rural, give location)

(e) Citizen of foreign country? NR (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Steven Charles Yaeger

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 3 (Month) 28 (Day) 1947 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	0	1	24	hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name John J. Yaeger
13. Birthplace Sanborn (City, town, or county) Minn (State or foreign country)

MOTHER
14. Maiden name Betty Jane Topel
15. Birthplace Balaton (City, town, or county) Minn (State or foreign country)

16. (a) Informant Dr. John J. Yaeger
(b) Address Belleville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Balaton, Minn.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1947 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3-29, 1947, to 5-22, 1947 that I last saw him alive on 5-22, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death (a) Peritonitis of neonatal period (b) Multiple intestinal fistulae, post operative

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. J. Slattner (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

5188

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 John S. Demsky

Licensed Embalmer No. 4194

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, fact should be so stated above.