

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 2912 d. Clayton av)..... St. 18 Ward..... (Ward)

File No. 25510  
 Registered No. 7324

**2. FULL NAME**

(a) Residence. No. 3912 d. Clayton av St. 18 Ward..... (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Hager

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 | 5 | 12 | or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Brewer  
 (b) General nature of industry, business, or establishment in which employed (or employer) retired 1090's  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

10. NAME OF FATHER Joseph Hager

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Jan Krieger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

14. INFORMANT Mary Hager J. (Address) 3912 d. Clayton av

15. FILED JUL 15 1928 Wm C. Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928  
 17. I HEREBY CERTIFY, That I attended deceased from July 6 1928, 19....., to July 13 1928, 19....., that I last saw him alive on July 13 1928, 19....., and that death occurred, on the date stated above, at 1928 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumo pneumonia  
107A 100-0  
77 (duration) yrs. mos. 8 ds.

CONTRIBUTORY Aterio Sclerosis (SECONDARY) (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH..... No

DID AN OPERATION PRECEDE DEATH?..... DATE OF..... No

WAS THERE AN AUTOPSY?..... No

WHAT TEST CONFIRMED DIAGNOSIS Clinical (Signed) Anton Guebel, M. D.

July 13 1928 (Address) 3508 Market St

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL July 16 1928

20. UNDERTAKER Huegshauer & Co ADDRESS 4104 mandant

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

