

**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**

File No. **13190**
Registered No. **3750**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **Missouri Baptist Sanitarium** Ward)

2. FULL NAME

Mary Elizabeth Hager

(a) Residence. No. **1244 Temple** St., **5** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Female | **White** | **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 6, 1910**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	18	3	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **School girl.**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Oakland**
(STATE OR COUNTRY) **California**

10. NAME OF FATHER **Edward S. Hager**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Buffalo**
(STATE OR COUNTRY) **N. Y.**

12. MAIDEN NAME OF MOTHER **Carolyn Meyer**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Buffalo**
(STATE OR COUNTRY) **N. Y.**

14. INFORMANT **Edward S. Hager**
(Address) **1244 Temple St.**

15. FILED **27** **Wayne C. Stark**
19 **27** REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 27 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Jan - 23 - 1929**, to **Mar - 27 - 1929** that I last saw him alive on **Mar - 26 - 1929**, and that death occurred, on the date stated above, at **6:50 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131
9250901
(duration) **3** yrs. mos. ds.

CONTRIBUTORY (secondary) **Myo-Carditis**
SMR (duration) **1** yrs. **3** mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **urine**
(Signed) **Tyrus H. Hale**, M. D.

, 19 (Address) **4905 Delume**

*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 **Lake Charles Cem.** DATE OF BURIAL **Mar 30 1929**

20. UNDERTAKER **Admou L. G. Co. 2707 N. Grand** ADDRESS

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.

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