

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.

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

Do not use this space.

SEP 10 1937

791  
1003

28812

7445

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No.....  
Primary Registration District No. City Hospital No. 1

File No.....  
Registered No.....  
St. .... Ward)

C. 6183

2. FULL NAME

John Hager  
3180 A. South Compton

(a) Residence, No. .... St. 16 Ward.  
(Usual place of abode) (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 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 Amanda Hager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
65 3 6

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nit cooper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... St. Louis, Missouri  
(STATE OR COUNTRY)

FATHER  
13. NAME Wendel Hager

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT.....  
(ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sunset Park DATE Aug 9 1937

19. UNDERTAKER.....  
(ADDRESS) 2906 Gravois Ave.

20. FILED AUG 6 1937  
J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/5/37 to 8/5/37, 19  
I last saw him him alive on 8/5/37, 19. Death is said to have occurred on the date stated above, at 1.45p m.

The principal cause of death and related causes of importance were as follows:

Tumor of Liver  
carcinoma of liver  
primary  
Other contributory causes of importance: 46 E

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Chas. Farrington, M. D.  
(Signed) Chas. Farrington  
(Address) City Hospital No. 1

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