

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

36450
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4100 Alma** ²
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **10027**

2. PRINT FULL NAME **Fred J. Hager**

(a) Residence, No. **4100 Alma Ave** St. **1**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Irene Hager**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 26th, 1898**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
39 9 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**
9. Industry or business in which work was done, as saw mill, bank, etc. **Bookkeeping**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Hager**

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

MOTHER 15. MAIDEN NAME **Mary LaRose**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mrs Irene Hager 4100 Alma**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **10-28-37**

19. FUNERAL DIRECTOR (ADDRESS) **Southern Trust Co. 6322 S. Grand Blvd.**

20. FILED **OCT 28 1937 J. T. Bredeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-27-37** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 12, 1936**, to **Oct. 27, 1937**
I last saw him alive on **Oct. 26, 1937** Death is said to have occurred on the date stated above, at **11 A.m.**
The principal cause of death and related causes of importance were as follows:

Metastatic Melano-Carcinoma of Left Lung and Chest wall Date of onset **10/1/36**

Primary 50
Other contributory causes of importance: **Melano-Carcinoma (Mole) on Left Breast**

Name of operation **Removal of mole** Date of **10/21/37**
What test confirmed diagnosis? Was there an autopsy **NO 6**

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 (Signed) **A. W. Peters**, M. D.
(Address) **4145 S. Grand**

4145 2 S. Grand
Dr Peter r-4

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

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.)