

WHILE FLAINLI--USE UNFADING BLACK INK--MAKE 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.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH: 3
(a) County
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: Little Sisters of the poor
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis 15
(d) Street No. 4753 So. Grand Blvd.
(e) If foreign born, how long in U. S. A. 39 years

3. (a) PRINT FULL NAME Rapheal Lagana 250
(b) If veteran, name war no (c) Social Security No. none
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Lagana 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 24, 1857.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19 year 1939 hour II minute 30 P.M.
21. I hereby certify that I attended the deceased from July 17, 1939, to July 19, 1939, that I last saw him alive on July 19, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 81 ~~82~~ Months 7 Days 25 If less than one day hr. min.
9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation retired

Immediate cause of death: Cerebral thrombosis July 17/39
Due to: Heart Protection July 17/39
Due to: Arterio. Sclerosis 1930
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: none

11. Industry or business
MOTHER FATHER { 12. Name ? Lagana 7
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Don't know (City, town, or county) (State or foreign country)
15. Birthplace Italy (City, town, or county) (State or foreign country)

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?
While at work: (Specify type of place) (b) Means of injury

16. (a) Informant's own signature Jas. O'Neil
(b) Address 4927a Parkview Pl.
17. (a) Burial (b) Date thereof July 22/39
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jas. O'Neil
(b) Address 1125 Hodiamont Ave.
19. (a) Date received by Registrar July 21 1939 (b) Registrar's signature J. P. Bruck

23. Signature (of D. or other) J. P. Bruck
Address New Club Bldg Date signed 7/21/39

Dr. EpF. Budde
U. Club Bldg.,
Je. 7534.
I. 30 P.M.

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..... *James W. Clark*.....
Licensed Embalmer No. 1661.....
P. O. Address 1125 Hodiament Ave......

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, above space should be left blank.