

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
JUN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17187

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4665

76

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY HOSPITAL, NO. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 22
(If outside city or town limits, write "RURAL")
(d) Street No. 1122 S. 10th ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25
year 1940 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME John Hagn 250
3. (b) If veteran, name war No
3. (c) Social Security No. No.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 20 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace GERMANY 6
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

12. Name Hagn

13. Birthplace GERMANY 6
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace GERMANY 6
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Hagn

(b) Address 1122 S. 10th St.

17. (a) BURIAL (b) Date thereof MAY 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD. SS. PETER + PAULS.

18. (a) Signature of funeral director E. J. Schmur.

(b) Address 3125 Lafayette Ave.

19. (a) MAY 28 1940 (b) J. F. Bredbeck
(Date received local registration) (Registrar's signature)

Duration
Immediate cause of death
Fracture of the left hip; Arterio Sclerosis suffered when he fell at his home 1122 So. 10th Street, on May 4th, 1940, at about 6:00 P.M.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 4th, 1940

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work? _____ (Specify type of place)
(a) Means of injury 5

23. Signature Joseph Hagn (Mr. D. or other)

Address 1122 S. 10th St. Date signed _____

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 Jose B. Ballmer

Licensed Embalmer No. 41014

P. O. Address 3125 Lafayette 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.