

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 78

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

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1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt. St. Rose Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10/27/42 to 1/10/43  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Mary  
(If outside city or town limits, write "RURAL")

(d) Street No. P.R. # 1  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hagan, EMMA

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernard Hagan 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September 25 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>3</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Albert Boxerfer

13. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Burbara Rodwald

15. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Hagan

(b) Address St. Mary's Missouri

17. (a) Burial (b) Date thereof 1-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 12 1943 (b) E. J. McClaran  
(Date received final report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
year 1943 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from 10/27/1942 to 1/10/1943  
that I last saw her alive on 10/9/1942 and that death occurred on the date and hour stated above.

Immediate cause of death Fan Advanced Pulmonary Tbc  
Duration 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions The Esophagus, The Enteric  
(Include pregnancy within 3 months of death)

Major findings: Focal fistula

Of operations \_\_\_\_\_

Of autopsy Fan adv Pulmonary Tbc  
The Enteric; Esophagus; focal fistula

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)

(e) Means of injury \_\_\_\_\_

23. Signature E. Murphy M.D. (M. D. or other) \_\_\_\_\_

Address Mt. St. Rose Sanatorium Date signed 1/10/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

1/27/43  
-599

JAN 28 1943

**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..... *Albert G. Kopp* .....

Licensed Embalmer No..... *2971* .....

P. O. Address.....

**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, fact should be so stated above.