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S. No. 2
M-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10552

LEU DEC 13 1943
Registration District No. 313

Primary Registration District No. 1003

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:
Alexian Bros. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Hrs.
(Specify whether
In this community _____
years, months or days) 0

3. (a) PRINT FULL NAME Louis Vagen
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Apr. 10 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 19 hr. min.

9. Birthplace Waverly Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Stationery Fireman

11. Industry or business City Of St. Louis

12. Name Louis Vagen

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

14. Maiden name Unknown

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

16. (a) Informant Mae Vagen

(b) Address 6753 A Alabama Ave.

17. (a) Burial (b) Date thereof 12-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave

19. (a) DEC 1 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mad
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL") 9
(d) Street No. 6753 a Alabama
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 29
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 10 - 1942
to Nov. 29 - 1943
that I last saw him alive on Nov. 23 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Decompensation
Duration 3 yrs.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Myocarditis
Of operations None
Of autopsy None

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) _____
(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 J. F. Bredeck (M. D. or other) MD
Address 2506 Travis Date signed 12/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 W E Morris

Licensed Embalmer No. 3360

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.