S. No. 2 22509
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 375

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 615

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: St. Louis City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 ~~19~~ days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 23 (If outside city or town limits, write "RURAL")

(d) Street No. 1705 Carroll St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES HAGER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Betty Hager

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 8 (Day) 1871 (Year)

8. AGE: Years 72 Months 4 ~~8~~ Days 11 If less than one day hr. min.

9. Birthplace ~~Clay County~~ Pocahontas (City, town, or county) ~~Missouri~~ Ark. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Pearl Thomas

(b) Address 1705 Carroll St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hoxie Arkansas

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

(b) Address 4700 Washington Blvd.

19. (a) JAN 20 1944 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th year 1944 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from January 17th 1944, 19, to Janary 19th 1944 that I last saw him alive on January 19th 44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. Kreguelhoff (M. D. or other)

Address 1515 Lafayette Date signed 1/19/44

(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. Albert E. Hoppe

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.
Local Registrar's No. 615

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of January, 1944 before me appears Pearl Thomas, who, upon her oath, states that the original record of death for Charles Hager died Jan. 19th, 1944, in the State of Missouri, and which was filed at St. Louis, Mo. on 1-20-, 1944, should be corrected as follows:

Item No. 1d should read 2days
Instead of 19days
Item No. 9 should read Pocahontas, Ark.
Instead of Clay County, Missouri.
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

Amended 1-31-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Pearl E Thomas Informant
Relationship.

5300 Arsenal st
Present Address.

Subscribed and sworn to before me this 31 day of Jan, 1944

My Commission expires My Commission Expires March 4, 1945 Earl Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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n V. S. 135
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