S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5182

State File No.

FILED MAR 6 1944

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1862

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: Enroute to Deaconess Hospital 3
(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: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4427a Harris
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Hagan
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Clara Hagan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 16 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
53	1	8	hr. min.

9. Birthplace Perryville (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Wiles-Chapman Lbr. Co.

FATHER
12. Name Pious Hagan
13. Birthplace Perryville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Victoria Reiss
15. Birthplace Perryville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Mildred Felts
(b) Address Perryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 24 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1944 hour 9:45 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism
fracture right fibula when son
lumber which he was unloading
Due to a truck slipped and fell
shifting his leg at waist 1 3 4 Month
Due to Chapman Lumber Co. F-t
1944 exact date unk.
Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1945
Of autopsy NO

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 F-t 1944
(c) Where did injury occur? St Louis 000
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry
(Specify type of place)
While at work? yes (e) Means of injury struck by lumber

23. Signature Thomas F. Collins (M. D. or other) 3
Address Deputy Coroner Date signed 2-24-44

(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 G. 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.