

LED AUG 3 1945 18

Registration District No.

Primary Registration District No.

1003

Registrar's No. 6367

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:
Missouri Baptist Hospital
(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 Illinois (b) County Madison 999
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 2417 Bryan Ave.
(If rural, give location) NR. 0
(e) Citizen of foreign country?..... (Yes or No) 2
If yes, name country.....

3. (a) PRINT FULL NAME Carrie M. Hagler

3. (b) If veteran, name war Nil 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 William J. Hagler 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 15 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 7 hr. min.

9. Birthplace Pomona Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Sidney S. Anderson

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

14. Maiden name Mary Harriss
(City, town, or county) (State or foreign country)
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Hagler

(b) Address Granite City, Ill.

17. (a) Removal (b) Date thereof 7-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill.

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

(b) Address 4700 Washington Blvd.

19. (a) JUL 23 1945 J. J. Brebeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1945 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from July 2
1945 to July 22 1945
that I last saw her alive on July 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Brain tumor several months
non-malignant tumor

Due to 56

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 2MO
23. Signature Samuel Grant (M. D. or other) 2MO
Address 114 N. Taylor Ave. Date signed 7/23/45

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

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 W. Karppe

Licensed Embalmer No.....

1861

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.