S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

State File No. 25712

FILED SEP 1 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7275

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00

(c) City or town St. Louis 17 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1039 Goodfellow Ave. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank W. Hagar

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Marian Hagar

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July 28th., 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	0	20	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Estimator

11. Industry or business Schurk Iron Works

FATHER
12. Name Frank Hagar
13. Birthplace (City, town, or county) N.Y. 1 (State or foreign country)

MOTHER
14. Maiden name Virginia Watson
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Marian Hagar
(b) Address 1039 Goodfellow Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) AUG 20 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th., year 1945 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from Jan 15, 1945 to Aug 18, 1945 that I last saw him alive on Aug. 18th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Testes	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J. B. Lavan (M. D. or other) M.D.
Address 401 Humboldt Bldg. Date signed 8/20/45

(Licensed Embalmer's Statement on Reverse Side)

Humboldt Bldg.

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.