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. 25715

FILED SEP 7 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7564

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:
Jewish Hospital 0
(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 Mo. (b) County 000

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

(d) Street No. 4622 Quincy St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John M. Hagglund

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Hagglund

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. (Month) 17 (Day) 1896 (Year)

8. AGE: Years 49 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Sweeden (City, town, or county) 4 (State or foreign country)

10. Usual occupation Clothing Designer

11. Industry or business Rothchild & Son

FATHER
12. Name Madens Hagglund
13. Birthplace (City, town, or county) Sweeden 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Gertrude Hagglund
(b) Address 4622 Quincy St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1945 hour 1 75 minute P M.

21. I hereby certify that I attended the deceased from 8/5/44, 19 , to 8/28, 1945
that I last saw him alive on 8/27, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	2 yrs
Nephrosclerosis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131

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 0

23. Signature Alfred Feldman (M. D. or other) MD
Address 6340 Pernod Date signed 8/29/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Alfred Goldman, (Pr.2442)
634 N. Grand Ave.

1 to 5 - Wednesday

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.....Warren A. Carver

Licensed Embalmer No.....3538

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.