

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38659**
9835
Registrar's No.

FILED DEC 2 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County..... **St. Louis**

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

(c) Name of hospital or institution:
Little Sister of Poor-3400 S. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Leo S. Hagan**

3. (b) If veteran, name war..... **Nil**

3. (c) Social Security No..... **None**

4. Sex **Male**

5. Color of race **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Carrie Hagan**

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

7. Birth date of deceased..... **September 20 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	1	28	hr. min.

9. Birthplace..... **Perryville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business.....

12. Name..... **Leo Hagan**

13. Birthplace..... **Perry County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Frances Unknown**

15. Birthplace..... **Perry County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Clarence Hagan**

(b) Address..... **5041 Maffitt Ave.**

17. (a) **Burial** (b) Date thereof..... **11-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Perryville, Missouri**

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

(b) Address..... **4700 Washington Blvd.**

19. (a) **NOV 18 1946** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Perry**

(c) City or town..... **Perryville**
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18**
year **1946** hour **7:00** minute **00** M.

21. I hereby certify that I attended the deceased from **Nov 15** to **Nov 18** 19**46**
that I last saw him alive on **Nov 15** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Arteriosclerosis - Coronary**
Ch. Bronchitis

Due to..... **97**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration **2 1/2**
3 30

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **J. F. Braddock** (M. D. or other)

Address..... **607 1/2 Grand** Date signed **11/18/46**

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..... *J. W. Wilkinon*
.....
Licensed Embalmer No..... *3575*
.....
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.