No. 2
-1/47
-17-39

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

#84328

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14147

State File No.

FILED MAY 7 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3933

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 7117 So. Broadway 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BABY MALE HAGAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 2 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	21	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Orval Hagan
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Nellie Unknown
15. Birthplace St. Louis (City, town, or county) Missouri 6 (State or foreign country)

16. (a) Informant Orval Hagan
(b) Address 7117 So. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 4/2/48, 19..., to April 23rd, 1948, that I last saw him alive on April 23rd, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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 S. R. Keller (M. D. or other)
Address 1515 Lafayette Date signed 4/23/48

Jefferson City Printing Co. (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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.