

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6234  
1575

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY <i>ado</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, <i>17</i>	
c. LENGTH OF STAY (in this place) 2 Years		d. STREET ADDRESS (If rural, give location) 7417 Tennessee Ave., <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7417 Tennessee Ave.,			

3. NAME OF DECEASED (Type or Print) Mary Hagen,			4. DATE OF DEATH (Month) (Day) (Year) February 18, 1949.		
5. SEX Female, /		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, <i>2</i>	
8. DATE OF BIRTH Nov. 6, 1871		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany, <i>4</i>	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Hermling,		13b. MOTHER'S MAIDEN NAME Unknown,		14. NAME OF HUSBAND OR WIFE Herman A. Hagen,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry J. Hagen, Eureka, Mo.,	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		DUE TO (b) <i>mitral insufficiency</i>		2 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <i>Senility</i>		yes	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4/21</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Jan 1, 1949*, to *Jul 17, 1949* that I last saw the deceased alive on *July 17, 1949* and that death occurred at *5 A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. S. Byrne M. D.</i> (Degree or title)		23b. ADDRESS <i>2752 Cherokee</i>		23c. DATE SIGNED <i>2-18/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE Feb. 21, 1949		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	
24d. LOCATION (City, town, or county) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,			
DATE REC'D BY LOCAL REG. FEB 18 1949		REGISTRAR'S SIGNATURE <i>J. B. Lassiter</i>			

WRITE PLAINLY—USING 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 MR.

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

**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.