

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

10158

State File No.

BIRTH NO. 30574-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2680

1. PLACE OF DEATH
a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place)
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269

d. FULL NAME OF HOSPITAL OR INSTITUTION 3428 Klein St
2. STREET ADDRESS (If rural, give location) 3428 Klein St 0

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Edward c. (Last) Hagner
4. DATE OF DEATH (Month) (Day) (Year) 3 22 51

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH May 31-1950 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins. 9 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis Missouri 12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Harry E. Hagner 13b. MOTHER'S MAIDEN NAME Helen C. Wanger 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry E. Hagner 3428 Klein St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema (Verm type)
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 da.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H92X

22. I hereby certify that I attended the deceased from 3/21, 1951, to 3/22, 1951, that I last saw the deceased alive on 3-21, 1951, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Pugh (Degree or title) 23b. ADDRESS 2305 N. Floumont 23c. DATE SIGNED 3-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-24-51 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. MAR 22 1951 REGISTRAR'S SIGNATURE J. B. Rosater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. 2223 St. Louis Ave.

WRITE PAINLY—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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John J. Haines

Licensed Embalmer No. *4108*

P. O. Address *St. Louis 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.