

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6430

State File No.

1414

FILED MAR 5 1952

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 _____

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** **2059**

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospt. # 1** d. STREET ADDRESS (If rural, give location) **5 5948 Maple Ave**

3. NAME OF DECEASED a. (First) **Julia** b. (Middle) _____ c. (Last) **Hagan** 4. DATE OF DEATH (Month) (Day) (Year) **FEB. 12 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Mar 17. 1867** 9. AGE (In years last birthday) **84** IF UNDER 1 YEAR Months _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Sparta Ill.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Peter Sr. Labrier** 13b. MOTHER'S MAIDEN NAME **Minveria Smith** 14. NAME OF HUSBAND OR WIFE **Michail Hagan Dec.**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Michail A Hogan** ADDRESS **5948 Maple**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fr of right hip; Arteriosclerosis when she slipped and fell to the floor at her apartment on Feb 5 1952**

ANTECEDENT CAUSES **asant 600 pm**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **asant 600 pm**

II. OTHER SIGNIFICANT CONDITIONS **asant 600 pm**

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **000** 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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **E9030-20**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph M. Quinn** (Degree or title) **Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **2/13/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Feb 15 1952** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **FEB 14 1952** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS **Jos. W. Clark 1125 Hodiamont Ave.**

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Alfred J. Badelker

Signed.....

Student Embalmer

Licensed Embalmer No.....

2163

P. O. Address.....

11257 Adamant

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.