No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 29355

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7657

**1. PLACE OF DEATH**
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2099
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
d. STREET ADDRESS (If rural, give location): 9 4302 N. Broadway

**3. NAME OF DECEASED** (Type or Print)
a. (First): LEU
b. (Middle):
c. (Last): DAGLE

**4. DATE OF DEATH** (Month) (Day) (Year): JUNE 20, 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: Nov. 22, 1872
**9. AGE** (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

**13a. FATHER'S NAME**: Frank
**13b. MOTHER'S MAIDEN NAME**: Jennie
**14. NAME OF HUSBAND OR WIFE**: Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Hospital Record

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic heart disease

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 334X

22. *I hereby certify that I attended the deceased from* 6-15-52, *19*___, *to* 6-20-52, *19*___, *that I last saw the deceased alive on* 6-20-52, *19*___, *and that death occurred at* 9:18A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Andrew L. Hahn MD
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 6-21-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): 4
**24b. DATE**: 8-30-52
**24c. NAME OF CEMETERY OR CREMATORY**: Anatomical Board
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: AUG 12 1952
**REGISTRAR'S SIGNATURE**: J Carl Smith MD MJB
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Rowland Mortuary Service 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1963

## 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 _____

Licensed Embalmer No. _____

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.