

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23345**

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1583

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings.</u>		c. CITY OR TOWN <u>Jennings</u>	
c. LENGTH OF STAY (In this place) <u>1 Hour</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lillian & Hehen Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>5437 Hamilton Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>William</u>	a. (First)	b. (Middle)	c. (Last) <u>Fagan.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1953</u>
--	------------	-------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 12 HRS. Hours <u>8</u>	Minutes
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------------	---------------------------------	---------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Church.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vermont.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Not Known</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Fagan.</u>
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Fagan</u>	ADDRESS <u>5437 Hamilton Ave.</u>
--	-------------------------------------	---	-----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
--	---	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 _____, 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 (Type or Print) <u>Herbert R. Donke</u>	23b. ADDRESS <u>651 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>6-30-53</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6-8-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz-Koeller</u>	ADDRESS <u>5967 W. Florissant</u>
--	--	--	-----------------------------------

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

40083

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.....
Signature of Student Embalmer

Signed *Alfred A. Bushby*.....

Licensed Embalmer No. *453*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.