

S. No. 300
V. 10.48

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

State File No. **26421**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6179**

FILED JUL 31 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 11 N. 6th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Fred P. Hagens b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 20th, 1953	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH unknown
9. AGE (In years last birthday) About 80 yrs.		10. IF UNDER 1 YEAR: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James S. Hagens		13b. MOTHER'S MAIDEN NAME Pearl Hagens	
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) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Wm. Lochmoeller	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Chronic Myocarditis 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g. in 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?		592X	
22. I hereby certify that I attended the deceased from June 19, 1953 , to June 20, 1953 , that I last saw the deceased alive on June 20, 1953 , and that death occurred at 3 PM m., from the causes and on the date stated above.			
23a. SIGNATURE H. A. Rebeimayer		23b. ADDRESS 4362 Warner Ave	
23c. DATE SIGNED 6-22-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6/28/53		24c. NAME OF CEMETERY OR CREMATORY St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Fenwick, Inc.	
DATE REC'D BY LOCAL REG. JUN 22 1953		REGISTRAR'S SIGNATURE Carl Smith	
ADDRESS 3402 N. Kingshi		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kingsley Ave

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.