

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33327

State File No.

FILED SEP 24 1953

7892

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 death) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Livingston</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>8120 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>			
3. NAME OF DECEASED a. (First) <u>Roy</u> b. (Middle) <u>A.</u> c. (Last) <u>Hagerman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 10, 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>Dec 13, 1902</u>
9. AGE (In years last birthday) <u>50</u>		10. MONTHS <u></u> 11. DAYS <u></u> 12. HOURS <u></u> 13. MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroadian</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alhambra Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Louis Hagerman</u>		13b. MOTHER'S MAIDEN NAME <u>Permelia Mc Kittrick</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Roy Hagerman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>W.W.2</u>		16. SOCIAL SECURITY NO. <u>321-24-7437</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Hagerman Alhambra Ill</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull; Brain Injury.</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES <u>Injury.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>Time, Place, Cause and manner of same could</u> DUE TO <u>not be determined</u> 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 <u>Open Verdict</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUSTAINED AT HOME? (Specify) <u>Verdict</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E904.9</u>
22. I hereby certify that I attended the deceased from <u>19</u> to <u>1953</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>1:30A</u> m., from the causes and on the date stated above. <u>47</u>			
23a. SIGNATURE <u>Patrick C Taylor Carmel</u>		23b. ADDRESS <u>1500 Clark</u>	23c. DATE SIGNED <u>8.12.53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>
24d. LOCATION (City, town, or county) (State) <u>Alhambra Ill</u>			
DATE REC'D BY LOCAL REG. <u>AUG 12 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington</u>

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

JUN 11 1954

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 *Etton R. Remelau*

Licensed Embalmer No. *4283*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.