

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13506

FILED APR 29 1954

State File No. ....

318

1003

3665

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1408 Monroe Street</b>	
3. NAME OF DECEASED (Type or Print) <b>Dorothy</b>		a. (First)		b. (Middle) <b>Pearl</b>		c. (Last) <b>Hagan</b>	
4. DATE OF DEATH <b>4/21/54</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 22-1893</b>		9. AGE (In years last birthday) <b>60</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville Illinois</b>		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Zachaeus Cross</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Brown</b>	
14. NAME OF HUSBAND OR WIFE <b>Leon Hagan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leon Hagan, 1408 Monroe St</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
DUE TO (b)		<b>Pulmonary Edema</b>					
DUE TO (c)		<b>Cardiac Hypertrophy</b>					
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 checked="" type="checkbox"/> NO <input 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) <b>4343</b>		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?		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 _____ PM on _____, from the causes and on the date stated above.		23. ADDRESS <b>1300 Clark</b>	
23. SIGNATURE <b>Patrick E. Taylor, Coronar</b>		23b. ADDRESS		23c. DATE SIGNED <b>4-29-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>4/24/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laural Hills Garden</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo.,</b>		DATE REC'D BY LOCAL REG. <b>APR 28 1954</b>	
REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner Undertaking Co.</b>		ADDRESS <b>2223 St. Lov</b>		4.P. (Licensed Embalmer's Statement on Reverse Side)	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 Boharis Ct

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.

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