

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14296

State File No. ....

XC 121 70 07

REG# 115796

BIRTH NO. ....

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 500Registrar's No. 820

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>469 DAYS</u>		c. CITY OR TOWN <u>PEVELY</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>----- RURAL 05001</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>FAGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-55</u>						
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>10-7-73</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>MORRIS S. FAGAN</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN M. DUBOTS</u>		14. NAME OF HUSBAND OR WIFE <u>WIDOWED</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>SPAW &amp; WW 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF BRKS, MO.</u>		ADDRESS			
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>INFARCTION OF MYOCARDIUM</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC CORONARY THROMBOSIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS GENERAL</u> 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>5 Min.</u>  <u>10 Years</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)		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 <u>12-26</u> , 19 <u>53</u> , to <u>4-9</u> , 19 <u>55</u> , <del>when he was last seen</del> and that death occurred at <u>7:35 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. C.M. Schiek, M.D.</u> (Degree or title)				23b. ADDRESS <u>VA HOSPITAL, JEFF BRKS, MO.</u>		23c. DATE SIGNED <u>4-9-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>REMOVAL</u>		<u>4-11-55</u>		<u>Calvary Cemetery</u>		<u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4/11/55</u>		REGISTRAR'S SIGNATURE <u>Heber's Tomb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frederic M. Williams, 4700 Washington.</u>					
(Licensed Embalmer's Seal 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.....  
Signature of Student Embalmer.....

Signed *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *A. 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.