

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34800

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9386**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS Mo**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1477 PARK**

e. STREET ADDRESS (If rural, give location) **22 1477 PARK 222/0**

3. NAME OF DECEASED
a. (First) **VAL**

b. (Middle) _____ c. (Last) **HAGGE**

4. DATE OF DEATH (Month) (Day) (Year) **OCT. 25 1955**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

8. DATE OF BIRTH **MAY 27 1874**

9. AGE (In years last birthday) **81** 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) **STOCK ROOM MNGR**

10b. KIND OF BUSINESS OR INDUSTRY **HERMAN BODY CO**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **JOHN HAGGE**

13b. MOTHER'S MAIDEN NAME **KATHERINE HORNIG**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **490-18-8920**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **WILLIAM HAGGE 1477 PARK**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**

INTERVAL BETWEEN ONSET AND DEATH **3 yrs**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) **Chronic Interstitial Nephritis**

10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Senility**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **none**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **none**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **none**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec 10, 1953**, to **Oct 25, 1955**, that I last saw the deceased alive on **Oct 25, 1955** and that death occurred at **8 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Thomas B. Cannon MD**

23b. ADDRESS **2105 A Broadway**

23c. DATE SIGNED **Oct 27 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **OCT 29 1955**

24c. NAME OF CEMETERY OR CREMATORY **NEW PICKER CEM.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS Mo**

DATE REC'D BY LOCAL REG. **OCT 27 1955**

REGISTRAR'S SIGNATURE **Paul Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kute 2906 Leavis**

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

11.
1177
1178

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 *Geo J Budd*.....
Licensed Embalmer No. *39*.....
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.