

## STANDARD CERTIFICATE OF DEATH

2735

FILED JAN 17 1956

State File No. \_\_\_\_\_

BIRTH NO. 95720-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. # 4

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DE-PAUL-HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>20 2013<sup>1</sup> MADISON - ST.</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELIZABETH</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>HAGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1<sup>ST</sup> 1956</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINFANT</u>	8. DATE OF BIRTH <u>DEC. 31<sup>ST</sup> 1955</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS - MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>KENNETH-NORMAN-HAGAN, SR.</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET-LEONA-HEMKENS</u>
14. NAME OF HUSBAND OR WIFE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KENNETH-NORMAN-HAGAN (SR.)</u>	ADDRESS <u>2013<sup>A</sup> MADISON</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity of lungs</u> <u>Prematurity</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>774x</u>	19c. DATE OF OPERATION	19d. 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) (Min.)	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>12/31, 1955</u> to <u>12/31, 1955</u> , that I last saw the deceased alive on <u>12/31</u> , 19 <u>55</u> , and that death occurred at <u>2:40</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Jackson Gto</u>	(Degree or title)	23b. ADDRESS <u>MO. 638 W. Grane</u>	23c. DATE SIGNED <u>1/1/56</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 3<sup>RD</sup> 1956</u>
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	DATE REC'D BY LOCAL REG. <u>JAN 3 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE, <u>Brockland Und. Co.</u>	ADDRESS <u>1827-HOGAN-ST.</u>

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

8000

**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

*Robert M. Murray*

Licensed Embalmer No. *3749*

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 this body is not embalmed, fact should be so stated above.