

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1957

318

1003

STATE FILE NUMBER

18737

5118

Registration District No.

Primary Registration District 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4127 Pennsylvania</b>			Length of stay in 1b		4. STREET ADDRESS (If outside, give location) <b>4127 Pennsylvania Ave</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Dr. Victor</b> Middle <b>K.</b> Last <b>Hager, M.D.</b>				4. DATE OF DEATH Month <b>May</b> Day <b>30,</b> Year <b>1957</b>					
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 29, 1916</b>		9. AGE (In years last birthday) <b>40</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician &amp; Surgeon,</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Effingham, Illinois,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>William F. Hager,</b>				14. MOTHER'S MAIDEN NAME <b>Anna Koerzdoerfer,</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-2</b>		16. SOCIAL SECURITY NO. <b>487-14-2869</b>		17. INFORMANT Address <b>Anna Hager, (Mother) 4127 Pennsylvania Ave.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis, acute</b> DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>+20.1</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>3 months</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>April 2, 1955</b> to <b>May 30, 1957</b> and last saw her/him alive on <b>May 30, 1957</b> . Death occurred at <b>4:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>John B. Matthews M.D.</b>				22b. ADDRESS <b>3707 W. Jackson Rd</b>				22c. DATE SIGNED <b>5-31-57</b>	
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Burial,</b>		<b>6/3/57</b>		<b>Calvary Cemetery,</b>		<b>St. Louis, Missouri,</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Mo.</b>				25. DATE REC'D. BY LOCAL REG. <b>MAY 31 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D. (Y.P.)</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 .....me..... Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....  
*Joe S. Benz*  
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Licensed Embalmer No. ....  
2842 Meramec  
P. O. Address St., Louis, ..

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