

XC2407738 SL311

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019747
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5230

S. 300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Macoupin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brighton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital 0		Length of stay in 1b 31 days		d. STREET ADDRESS (If outside, give location) 32		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William B. Hagerman				4. DATE OF DEATH Month Day Year 5-18-58			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-5-75		9. AGE (In years last birthday) 83	IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Oil Refinery		11. BIRTHPLACE (City and state or country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Hagerman		13b. MOTHER'S MAIDEN NAME Helen Watkins		14. NAME OF HUSBAND OR WIFE Mabel G. Hagerman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes (unknown) (If yes, give year or dates of service) Yes SPAW		16. SOCIAL SECURITY NO. 342091202		17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA						INTERVAL BETWEEN ONSET AND DEATH 16 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PYELONEPHRITIS OF LEFT KIDNEY						16 days	
DUE TO (c) PROTEUS INFECTION						16 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GASTROINTESTINAL HEMORRHAGE DUE TO UNKNOWN CAUSE LUETIC AORTIC INSUFFICIENCY WITH AORTIC ANEURISM						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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	
I attended the deceased from 4-17-58 to 5-18-58 and last saw ^{him} her alive on 5-18-58 Death occurred at 6:22 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D. Miller				22b. ADDRESS M.D. VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5-18-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5-20-58		23c. NAME OF CEMETERY OR CREMATORY UPPER ALTON		23d. LOCATION (City, town, or county) (State) Alton Illinois	
24. FUNERAL DIRECTOR Cent Funeral		ADDRESS Alton Ill.		25. DATE RECD. BY LOCAL REG. MAY 19 58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>m.d.B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

Not

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 *James L. ...*
Licensed Embalmer No. *7586*

P. O. Address *Altam. Ill*

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.