

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO Length of stay in 1b 94 DAYS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE ILLINOIS b. COUNTY Calhoun  
 c. CITY OR TOWN BRUSSELS Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Rd. Syst. 5 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS (FRANK) L. HAGEN  
 4. DATE OF DEATH Month Day Year SEPT 24 1960  
 5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 8/10/94 9. AGE (last birthday) 66  
 10a. USUAL OCCUPATION (Give kind of work done in present of working life, even if retired) ~~Operator~~ Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) DEER PLAIN, ILL 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME CHARLES HAGEN 13b. MOTHER'S MAIDEN NAME CAROLINE BRANDS 14. NAME OF HUSBAND OR WIFE - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW I  
 16. SOCIAL SECURITY NO. 325-14-8305 17. INFORMANT Address RIVERSIDE, CALIFORNIA JAMES HAGEN, 3585 LILLIAN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) PULMONARY METASTASIS  
 DUE TO (b) RETICULUM CELL SARCOMA OF LEFT THIGH  
 DUE TO (c) 200.0  
 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 (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 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  NOT WHILE AT WORK   
 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 6/22/60 to 9/24/60 and last saw him alive on 9/24/60  
 Death occurred at 3:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) WALTER B. GOLDSTEIN M.D.  
 22b. ADDRESS VAH, ST LOUIS, MO.  
 22c. DATE SIGNED 9-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
 23b. DATE 2-27-60  
 23c. NAME OF CEMETERY OR CREMATORY Deer Plain Cemetery  
 23d. LOCATION (City, town, or county) Brussells, Ill. (State)

24. FUNERAL DIRECTOR ADDRESS Imming Funeral Home, Brussells, Ill.  
 25. DATE RECD. BY LOCAL REG. SEP 26 1960  
 26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

INDEXED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton H. Remelme

Licensed Embalmer No. 428

P. O. Address St. Louis

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