SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED MAR 28 1961 AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2594

STATE FILE NUMBER 61-010908

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2630a Armand Place, 4, — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2630a Armand Place, 4, — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ELSIE Middle: JANE Last: HAGER
4. DATE OF DEATH: Month March Day 16th Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-1-1887
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (City and state or country): Bollinger County ~~St. Louis~~, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jacob Moran
13b. MOTHER'S MAIDEN NAME: Mary Jane Stone
14. NAME OF HUSBAND OR WIFE: Henry Hager
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
17. INFORMANT: Henry Hager, 2630a Armand Place, 4,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 1 yr
DUE TO (c): 420.0
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 a.m. p.m. Month, Day, Year
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 Jan 1960, to March 16, 1961 and last saw her/him alive on Mar 16, 1961
Death occurred at 3:45P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J C Oedington M.D. (Degree or title)
22b. ADDRESS: 950 Francis Place Clayton 5 Mo
22c. DATE SIGNED: 3/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-20-61
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: CALVIN F. FEUTZ, FUNERAL HOME, St. Louis, 15, Missouri. ADDRESS: 4828 Natural Bridge Blvd.,
25. DATE RECD. BY LOCAL REG.: MAR 18 1961
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

BY AFFIDAVIT OF Funeral Director

ITEM NO. 11 — SHOULD READ: Bollinger County — INSTEAD OF: St. Louis — DATE AMENDED: 3/28/61 — DOCUMENT

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 John A. Mlinar

Licensed Embalmer No. 4186

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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