

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025503

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1844

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in 1b DOA
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Calif. b. COUNTY Los Angeles
 c. CITY OR TOWN Los Angeles Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1729 N. Wilton Pl. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last (Major) EARL L. KAGAN
 4. DATE OF DEATH Month Day Year June 20, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7/13/26 9. AGE (last birthday) 35 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) U. S. Army 10b. KIND OF BUSINESS OR INDUSTRY U.S.A. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Frieda ? 14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Regular 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Address U.S. Army Support Center, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Multiple internal injuries, shock and hemorrhage
 DUE TO (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 (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.) Operator of vehicle involved in collision with another car

20c. TIME OF INJURY Hour Month, Day, Year 11:30 p.m. 6/20/62
 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.) highway 20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond L. Sam Coroner 22b. ADDRESS Clayton, Missouri 22c. DATE SIGNED 6/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 6/21/62 23c. NAME OF CEMETERY OR CREMATORY Hilside Memorial Park 23d. LOCATION (City, town, or county) (State) Los Angeles, Calif.

24. FUNERAL DIRECTOR ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo. 25. DATE RECD. BY LOCAL REG. 6-21-62 26. REGISTRAR'S SIGNATURE John M. [Signature]

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DATE AMENDED
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Francis J. Kirkwood Jr.
Licensed Embalmer No. 4512
P. O. Address Kirkwood, 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.