

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38607

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 603  
City St. Louis Mo. (No. 2240 Montgomery St. St.          Ward)

File No.           
Registered No. 10275

**2. FULL NAME**

Edward H. Hager  
(a) Residence, No. 2240 Montgomery St. 20 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> <u>Married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Mary A. Hager</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>June 30 - 1859</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>74</u>	<b>MONTHS</b> <u>4</u>	<b>DAYS</b> <u>27</u>	<b>If LESS than 1 day, ..... hrs. or ..... min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Furniture Worker</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Louisiana</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>Don't know</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Don't know</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Don't know</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Don't know</u>			
<b>17. INFORMANT</b> (ADDRESS) <u>Mary A. Hager</u> <u>2240 Montgomery St.</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>Calvary</u> DATE <u>Nov. 30</u> , 19 <u>33</u>				
<b>19. UNDERTAKER</b> (ADDRESS) <u>W. J. Reidner</u> <u>1417 N. Market St.</u>				
<b>20. FILED</b> <u>J. S. Breddick</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Nov. 27, 1933

**22. I HEREBY CERTIFY**, That I attended deceased from Nov. 25, 1933, to Nov. 27, 1933.

I last saw him alive on Nov. 27, 1933. Death is said to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

<u>Chc. Par. Nephritis</u>	Date of onset
<u>Arterio Sclerosis</u>	<u>131</u>
<u>Chc. Myocarditis</u>	<u>93C</u>
	<u>97</u>

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Ch. & Sp. Was there an autopsy? no.

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

**24. Was disease or injury in any way related to occupation of deceased?** No.  
If so, specify  
(Signed) Arthur H. de Mary, M. D.  
(Address) 4046 N. Grand Bl.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE FURNITURE, WITH CHAIRING MARK—THIS IS A PERMANENT RECORD

