No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12459

State File No.

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 594

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1119 Watts Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days) 2 6 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town University City
(If outside city or town limits write "RURAL")
(d) Street No. 1119 Watts Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Irene J. Hager

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased about 1878 (Month) (Day) (Year)

8. AGE: Years about 62 Months Days If less than one day hr. min.

9. Birthplace Sparta Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

MOTHER FATHER
12. Name Dan Crosson
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Julia Margaret
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant John Crosson
(b) Address 1119 Watts Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 27, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta Illinois

18. (a) Signature of funeral director Chas. E. Stuart
(b) Address 1225 Union Blvd

19. (a) MAR 26 1940 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/24 40
year 1940 hour 3:30 minute a M.

21. I hereby certify that I attended the deceased from 3/10/40, 19 to 3/24/40, 19;
that I last saw her alive on 3/24/40, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Arterio Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension	
Major findings: Of operations: None	
Of autopsy: None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Guy D. Buffy (M. D. or other)
Address 6125 Burtner Date signed 3/25/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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 this body is not embalmed, above space should be left blank.