

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 23 years
years, months or days)

8. (a) PRINT FULL NAME Edward E. Hager 260

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 8 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 1 14 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation CCC Enrollee

11. Industry or business Civilian Conservation Corps

12. Name Clarence W. Hager

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Individual CCC Records

(b) Address Jefferson Barracks, Mo.

17. (a) BURIAL (b) Date thereof May 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VAL HALLA CEMETERY

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. 1st St. St. Louis

19. (a) MAY 23 1940 (b) W. H. Hager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 5453 Beacon Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 3 minute 52 A.M.

21. I hereby certify that I attended the deceased from May 11
1940 to May 22 1940
that I last saw him alive on May 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure, acute, due to generalized peritonitis. Duration _____

Due to _____

Due to _____

Other conditions 1. Appendicitis. 2. Peritonitis.
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Marked distention of G.I. tract and generalized peritonitis.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

707 (Specify type of place) _____
While at work? _____ (If) Means of injury _____

23. Signature Robert L. Hanna (M.D. or other) _____

Address Jefferson Barracks, Mo. Date signed 5/22/40

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

MOTHER FATHER

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

Linus C. Hoffmeyer

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broadway

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.