

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33153 ✓

State File No. _____

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1746

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Rich Hts
 (c) Name of hospital or institution: St. Mary's Hospital
 (d) Length of stay: In hospital or institution 5 days
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Vinita, Ok.
 (d) Street No. 2434 North & South Road.
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Margaret Hager

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased January 29, 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 13 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Otto Wichmann

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

14. Maiden name Margaret
Waterloo Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adolph Hager
 (b) Address 2434 North & South Road.

17. (a) Burial (b) Date thereof 9/16/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
 (b) Address 1167 Hamilton Avenue.

19. (a) SEP 14 1940 (Date received local registrar)
 (b) DR. M. J. ... (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 12, 1940
 year 11 hour 58 minute P M.

21. I hereby certify that I attended the deceased from 9/7/40 to 9/12, 1940, to _____, 19____; that I last saw her alive on 9/12/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism
 Due to Cardio-renal disease

Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: None
 Of operations _____
 Of autopsy None
 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) _____

(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? _____

23. Signature Gene Kelly (M. D. or other) _____
 Address 6125 Burton Date signed 9/14/40

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

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.

REV. 5-1-39
 1-1-1938

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.