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17-39
X23159

FILED MAR 25 1941 791

Primary Registration District No. 1003

Registrar's No. 1220

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 901 Chouteau Ave.
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Hage

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased September 11, 1861
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>79</u> | <u>4</u> | <u>24</u> | hr. _____ min. _____ |

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Unknown

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 Ann Morrison

(b) Address St. Louis City Hospital #1.

17. (a) BURIAL (b) Date thereof 2-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullant Kelly

(b) Address 1416 N. Taylor

19. (a) FEB 6 1941 (b) J. F. Bredich
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4, year 1941 hour 5:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 23, 1941, to February 4, 1941, that I last saw him alive on February 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculo-
culosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy As above

Duration

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) _____

(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? _____

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

23. Signature R. J. Maxwell (M. D. or other)

Address 1515 Lafayette Avenue Date signed 2/4/41

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.....

.....
working under my personal supervision.

Myself
City License
#145

....., Registered Apprentice No.

Signed.....

Glen E. Anderson

Licensed Embalmer No.

4141

P. O. Address.....

St. Louis 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 this body is not embalmed, fact should be so stated above.