

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42923

FILED JAN 20 1942

Registration District No. 784

Primary Registration District No. 205

Registrar's No. 25

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Eureka  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Frisco Tracks 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Eureka  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John W. Hague Jr

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-01-2912

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
7. Name of husband or wife Marie Hague 6. (c) Age of husband or wife if alive 25 years  
8. Birth date of deceased Aug 12 1912  
(Month) (Day) (Year)

8. AGE: Years 29 Months 4 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace De Soto Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Western Cartridge Co

11. Industry or business Western Cartridge Co  
12. Name John W. Hague Sr  
13. Birthplace De Soto Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Nettie Williams  
15. Birthplace Ware Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Hague  
(b) Address De Soto Missouri

17. (a) Burial (b) Date thereof 1-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto, Mo.

18. (a) Signature of funeral director Donnell Dietrich  
(b) Address De Soto, Mo.

19. JAN 6 - 1942 (Date received local registrar) S. M. Kamm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by Frisco passenger train while operating his automobile at railroad crossing.

Due to Broken neck; multiple fractures, ruptures & abrasions.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Yes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Jan. 4, 1942

(c) Where did injury occur? Eureka, Mo.  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Louis H. Bopp (M. D. or other)  
Address Kirkwood, Mo. Date signed 1/5/42

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

MOTHER FATHER

76  
00

96  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Louis H Bopp*

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

working under my personal supervision.

Signed.....

*Louis H Bopp*

Licensed Embalmer No.....

*921*

P. O. Address.....

*Hickory*

**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.**