

791
FILED MAR 17 1942
Registration District No.

1003
Primary Registration District No.

1594
Registrar's No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If outside city or town limits, 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..... **Illinois** (b) County..... **Pike**
(c) City or town..... **New Salem**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Hazel Velma Drage**
3. (b) If veteran, name war..... No.
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **18**
year **1942** hour **10** minute **40** a. M.
21. I hereby certify that I attended the deceased from
Feb 12, 1942, to **Feb 18**, 1942.
that I last saw her alive on **Feb 18**, 1942
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **William**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Jan. 16 1895**
(Month) (Day) (Year)

Immediate cause of death **Tumor of spinal cord, meningioma (not malignant)**
Duration
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
47 **1** **4** hr. min.

Major findings:
Of operations.....
Of autopsy **same: meningioma of spinal canal**
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **New Salem Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

MOTHER FATHER
11. Industry or business.....
12. Name **Lawrence Sargent**
13. Birthplace **New Salem Twp. Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Rebecca McCleary**
15. Birthplace **New Salem Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Drage**
(b) Address **New Salem, Ill.**
17. (a) **Removal** (b) Date thereof **2-20-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Salem, Ill.**

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 **A.P. Martin** (M. D. co-signer)
Address **BARNES HOSPITAL** Date signed **2-19-42**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**
19. (a) **550 20 1942** (b) **J. E. Bredsch**
(Date received local registrar's) (Registrar's signature)

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.....

William H. Fitzgerald....., Registered Apprentice No. *315*
working under my personal supervision.

Signed.....

Walter G. Burnley
Licensed Embalmer No. *4202*

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, fact should be so stated above.