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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31317

Registrar's No. 1877

Registration District No. 754

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County... St. Louis County, Mo.
 (b) City or town... Lemay
 (c) Name of hospital or institution: Meramec River 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 000
 (c) City or town... St. Louis 17
 (d) Street No... 3622 Fillmore
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 1

3. (a) PRINT FULL NAME Terry G. Hagaman Jr.
 (b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Sept. day... 7
 year... 1942 hour... 3 minute... P M.

4. Sex... Male 0 5. Color or race... white 0
 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... March 19 1927
 (Month) (Day) (Year)

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... Accidentally drowned
 in the Meramec River. Duration

8. AGE: Years Months Days If less than one day
 15 5 18 hr. min.

Due to.....
 Due to.....

9. Birthplace... St. Louis Mo. 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation... Student

Other conditions... 183
 (Include pregnancy within 3 months of death)

11. Industry or business.....
 12. Name... Terry G. Hagaman
 13. Birthplace... Columbus Ohio 1
 (City, town, or county) (State or foreign country)
 14. Maiden name... Irene H. Poertner

Major findings: Of operations.....
 Of autopsy... No. 36
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

15. Birthplace... St. Louis Mo. 0
 (City, town, or county) (State or foreign country)
 16. (a) Informant... Mr. Terry G. Hagaman Sr.,
 (b) Address... 3622 Fillmore Ave.,
 17. (a) Burial (b) Date thereof... 9-11-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)... Accident 096
 (b) Date of occurrence... Sept. 7, 1942
 (c) Where did injury occur? Meramec River
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 Public place
 (Specify type of place)
 While at work?..... (c) Means of injury.....

(c) Place: burial or cremation... Valhalla Cem.
 18. (a) Signature of funeral director... Southern Funeral Home
 (b) Address... 6322 S. Grand Blvd.
 19. (a) SEP - 9 1942 (b) 25
 (Date received local registrar) (Registrar's signature)

23. Signature... Louis H. Boyer
 Address... Kirkwood, Mo. 9/9/42 Date signed.....

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.....

Virgil L. Berryman
.....
Licensed Embalmer No..... *74018*.....

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.