S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14969

Registrar's No. 4590

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
4205 Linton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 8 months, 25 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4205 Linton
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emilie Dagne
3. (b) If veteran, name war -
3. (c) Social Security No. none
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John A. Dagne
6. (c) Age of husband or wife if alive -
7. Birth date of deceased October 1, 1857 (Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Reading, Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home

MOTHER FATHER
12. Name Conrad Beck
13. Birthplace Kuhrhessen, Germany
14. Maiden name Katherine Reuss
15. Birthplace Kuhrhessen, Germany

16. (a) Informant Mrs. E. C. Buenger
(b) Address St. Louis, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.
18. (a) Signature of funeral director Pete Gardner
(b) Address Belleville, Ill.
19. (a) MAY 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1947 hour 10 minute 17 P. M.

21. I hereby certify that I attended the deceased from Feb 10, 1947 to May 3rd 1947 that I last saw her alive on May 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Enteritis	6 days
Due to not known	
Due to	
Other conditions. Hepatitis (Include pregnancy within 3 months of death)	6 mo

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Dr. H. A. Muller (M. D. or other)
Address 9410 N. Broadway St Louis Mo Date signed 6-6-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.

Body not embalmed.

Signed.....

Licensed Embalmer No.....

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.