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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43082

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11648

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5738 Cates Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA (Susanna) Hagan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
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 Jan. (Month) 22nd. (Day) 1882 (Year)

8. AGE: Years 65 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Hannibal Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Thomas Hagan
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Crider
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Lillian Hagan
(b) Address 5738 Cates Ave.
17. (a) Burial - RR (Burial, cremation, or removal) (b) Date thereof 12/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's - Hannibal
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 N. Euclid
19. (a) DEC 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st.
year 1947 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Jan 25 1947 to Dec. 21 1947
that I last saw her alive on Dec. 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Hypertension Cardio Vascular Renal Disease — Duration 1 year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Arterio Sclerosis Contracted Kidneys Cardiac Hypertrophy

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)
(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

23. Signature [illegible] (M. D. or other)
Address 4340 [illegible] Date signed 12-22-47

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

Shelf

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 Robert L Brinkman

Licensed Embalmer No. 3553

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.