

1/47  
17-39

FILED JAN 16 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **257**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **Saint Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **DePaul Hospital** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **2 Days**  
(Specify whether years, months or days)

In this community..... **20 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Norma V. Pagan**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Fred Pagan**

6. (c) Age of husband or wife if alive..... **August 24th, 1887** years

7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>60</b>	<b>4</b>	<b>12</b>	hr. min.

9. Birthplace..... **Highland, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name..... **Conrad Haberlin**

13. Birthplace..... **Switzerland**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Caroline Hager**

15. Birthplace..... **Highland, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Fred Pagan**

(b) Address..... **4015 Camelia Avenue**

17. (a) **Burial (Motor)** Date thereof..... **1/10/48**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **City Cemetery Highland, Ill.**  
**Calvin F. Feutz**

18. (a) Signature of funeral director.....

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **JAN 9 1948** (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **Saint Louis** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4015 Camelia Avenue** **9**  
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **6th**  
year..... **1948** hour..... **10** minute..... **30** P M.

21. I hereby certify that I attended the deceased from..... **June 24, 1948** to..... **Jan 6, 1948**  
that I last saw her alive on..... **Jan 6, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Gastric Hemorrhage**

Due to..... **Generalized Cerebral Arteriosclerosis**

Site not determined

Due to..... **55**

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

Major findings:  
Of operations.....

Of autopsy.....

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?..... **U**  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... **W. Thernack** (M. D. or other)..... **1-8-48**

Address..... **49917th** Date signed.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

4991 Shovel Ave  
1 to 4 pm Thurs.

**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 John A. Mlinar  
Licensed Embalmer No. 4186  
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.