

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32024  
Registrar's No. 3335

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON,</b>	
c. LENGTH OF STAY (In this place) <b>years 37</b>		4372	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7744 PERSHING AVE;</b>		d. STREET ADDRESS (If rural, give location) <b>7744 PERSHING AVE:</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAY</b>	b. (Middle) <b>GIVEN</b>	c. (Last) <b>HAGEY.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 4, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 16 1890</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired; Sect; St. Louis Coke &amp; Coal</b>	10b. KIND OF BUSINESS (Specify) <b>COAL INDUSTRY</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Lewis Hagey.</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie C. Newell.</b>	14. NAME OF HUSBAND OR WIFE <b>Hazel F. Hagey.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hazel F. Hagey; Clayton, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>  <b>years</b>  <b>years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery disease</b> DUE TO (c) <b>Generalized arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 15, 1951**, to **Oct 4, 1951**, that I last saw the deceased alive on **Oct 4, 1951**, and that death occurred at **2:30P m.**, from the causes and on the date stated above. **(150)**

23a. SIGNATURE (Degree or title) <b>Wm F Beam M.D. D.</b>	23b. ADDRESS <b>3720 Washington St. Louis Mo</b>	23c. DATE SIGNED <b>10/5/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 6, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-5-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Tomke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4002

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.