

STANDARD CERTIFICATE OF DEATH

State File No. 6254

48644-53  
FILED MAR 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1149

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY OR TOWN <b>ST. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL</b>			e. STREET ADDRESS (If rural, give location) <b>15 4023 NEBRASKA</b> <span style="float:right">2159 0</span>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>GARY</b>		b. (Middle) <b>C.</b>	c. (Last) <b>HAGNER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-3-54</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JUNE 24 1953</b>	9. AGE (In years last birthday) <b>7 1/2</b>	IF UNDER 1 YEAR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO. 0</b>	
13a. FATHER'S NAME <b>CARL A. HAGNER</b>			13b. MOTHER'S MAIDEN NAME <b>MARIE F. DOETZEL</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CARL HAGNER</b> ADDRESS <b>4023 NEBRASKA</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastro-intestinal - Virus - Acidosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>
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)		21f. HOW DID INJURY OCCUR? <b>5710</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>2-1-54</b> to <b>2-3-54</b> , that I last saw the deceased alive on <b>2-3-54</b> , and that death occurred at <b>4:25 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title)			23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>2-5-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/6/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>LEMMY 23, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 5 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>FENDLER</b> ADDRESS <b>Und. Co. 1420 Michigan</b>	

*L. Robertson*  
*3720 Washington*  
*6 to 12 noon*

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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.....  
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 M*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.