

FILED AUG 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28938
Registrar's No. 7258

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL		b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN E. ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mississippi River Foot of Iron		• STREET ADDRESS (Usual, give location) 110 SAMUEL GOMPERS APT		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First) JOHN	b. (Middle) HAGGE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8 3 1954		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 15-1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY CHEMICAL		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME JOHN. HAGGE		13b. MOTHER'S MAIDEN NAME KATE HORNIG		14. NAME OF HUSBAND OR WIFE CHARA			
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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) NO		16. SOCIAL SECURITY NO. 329-10-98094		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Hagge 6 St. Louis			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Exsanguination from lac. of aorta and ruptured spleen</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>DISEASE (b) <i>when deceased was found in Mississippi River at foot of Iron Street on Aug 3 1954</i></i> II. OTHER SIGNIFICANT CONDITIONS <i>about 500 yds. from place cause and manner of same could not be determined</i>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Open Verdict</i>		AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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21a. OCCURRENCE (Specify) <i>Open Verdict</i>		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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7953	
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22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ 5:32 p. m., from the causes and on the date stated above.

22a. SIGNATURE <i>Patrick C. Taylor Coroner</i>		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8.5.54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 8-5-1954		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY EAST St. Louis		24d. LOCATION (City, town, or county) (State) ILL.	
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DATE RECD BY LOCAL AUG 5 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Robins Funeral Home 6 St Louis</i>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Frank Proving

Licensed Embalmer No..... 43

P. O. Address.....
St. Louis

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.