

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35578**
Registrar's No. **9511**

FILED NOV 16 1956

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 months	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 5985 Romaine Pl.		STREET ADDRESS (If rural, give location) 5985 Romaine Pl.	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) F. c. (Last) Hager		4. DATE OF DEATH (Month) (Day) (Year) 10 16 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1872
9. AGE (In years last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood Moulder	10b. KIND OF BUSINESS OR INDUSTRY Wood	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME George Hager	13b. MOTHER'S MAIDEN NAME Catherine unknown	14. NAME OF HUSBAND OR WIFE Alice May Hager
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. 488-07-2855A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Corine Underwood 5985 Romaine	
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.1	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 4. 21, 1956 , to Oct 16, 1956 , that I last saw the deceased alive on Oct 17, 1956 , and that death occurred at 4:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Stachle MD		23b. ADDRESS 7124 Natural Bridge	23c. DATE SIGNED Oct 18 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/19/56	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
DATE REC'D BY LOCAL REG. OCT 18 1956	REGISTRAR'S SIGNATURE Paul Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union

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

Dr. Melvin E. Staehle
7124 Natural Bridge
Ew. 3-7117
Thurs. Hrs. 9 - 11
prefer 8:45

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..... *Albert R. Thompson*

Licensed Embalmer No. 4237

P. O. Address *H. Jones*

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.