URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-017698

FILED VS APR 22 1960

ENDED

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1054 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland — Length of stay in 1b: 21 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9521 Everman — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Overland — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9521 Everman — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Christopher Middle: Charles Last: Hagan

4. DATE OF DEATH Month: March Day: 28 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-12-83
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and state or country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Richard Hagan
13b. MOTHER'S MAIDEN NAME: Emma Jane Norton
14. NAME OF HUSBAND OR WIFE: Ethel Hagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-03-3920
17. INFORMANT: Ethel Hagan, 9521 Everman — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Fibrosis	2-3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Bronchitis	2-3 years
DUE TO (c)	Chronic Bronchiectasis	2-3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to death and last saw her alive on Feb 9-60
Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard De Horatz (Degree or title) M.D.
22b. ADDRESS 950 FRANCIS Clayton 5 Mo
22c. DATE SIGNED March 29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-30-1960
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens
23d. LOCATION (City, town, or county) (State): Pagedale, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. ADDRESS 2504 Woodson Rd. Overland, Mo.
25. DATE RECD. BY LOCAL REG.: 3-29-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Gebo

Signature of Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.