

No. 2
2-45
17-39
X47070

FILED OCT 11 1947

State File No. _____
Registrar's No. 9271

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1408a Monroe St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County STL
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1408a Monroe
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosa Anna Hagan
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Lawrence E. Hagan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 23 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 11 hr. _____ min.

9. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country?)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John F. Endres
13. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emily McCauley
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Inez Ganz
(b) Address 2923 Harper

17. (a) Burial (b) Date thereof 10-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) OCT 6 1947 (b) J. F. Breck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1947 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from
May 1946 to Oct 4 1947;
that I last saw h. aw alive on Sept 29 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic
Due to hypertension, arterial
severe

Duration
years
years.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury D

23. Signature Edward C. Reil (M. D. or other)
Address 462 No. Taylor St. St. Louis Date signed Oct 6, 1947

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

OCT 28 1941

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ernest W. Spillard*
Licensed Embalmer No. *4080*

P. O. Address.....

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.