

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6235

State File No. 1289

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>5 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		96 71	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>320. ATALANTA AVE. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT LEO HAGLER</u>		b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-9-1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-12-1908</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTING & DECORATING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>CARBONDALE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ARTHUR HAGLER</u>		13b. MOTHER'S MAIDEN NAME <u>HALLIE BETTS</u>		14. NAME OF HUSBAND OR WIFE <u>MILDRED HAGLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-14-9210</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MILDRED HAGLER</u> ADDRESS <u>320 ATALANTA</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism, pulmonary arteries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis, prostatic vein</u> DUE TO (c) <u>1/08</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>4 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>466</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 25, 1949</u> , to <u>Feb 9, 1949</u> , that I last saw the deceased alive on <u>Feb 9, 1949</u> , and that death occurred at <u>12:19 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James B. Jones</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>337 N. Lockwood Webster Groves 19 Mo.</u>		23c. DATE SIGNED <u>Feb 9, 1949</u>	
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY, KIRKWOOD MO.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>FEB 10 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PARKER UNDERTAKING CO.</u> ADDRESS _____			

66 Albert Eyer

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.

Signed _____

Leslie Welch

Signed _____

Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Maple Grove 7

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.