

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16725

1. PLACE OF DEATH

County..... Registration District No. **791**
Towaship..... Primary Registration District No. **1003**
City St Louis (No. 4067, Cleveland ave St. Ward)

File No.....
Registered No. **4665** (Word)

2. FULL NAME

Alvina Hagemann
(a) Residence. No. 4067 Cleveland St., 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2. 1877
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 yrs 2 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Fred Guerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Christina Voussaleu

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Edwin Hagemann
(Address) 4067 Cleveland Ave

15. FILED MAY 18 1927 max b Staroff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927
17. I HEREBY CERTIFY, That I attended deceased from April 25, 1927, to May 17, 1927, that I last saw her alive on May 16, 1927, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
13
73C (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous nephritis (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1790
IF NOT IN PLACE OF BIRTH 1790
DID AN OPERATION PRECEDE DEATH? no DATE OF -
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS. Clinical
(Signed) J. L. Carriere, M. D.
(Address) 2128 St Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters Cemetery DATE OF BURIAL 5/20/27

20. UNDERTAKER A Kron & M Co ADDRESS 3707 M Grand Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

