

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

Do not use this space.

12050

**1. PLACE OF DEATH**

County Warren Registration District No. 882 File No. \_\_\_\_\_  
 Township Franklin Primary Registration District No. 4535 Registered No. 4  
 City Highway City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emma Hagemann (nee Abraham)  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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

5A. If Married, Widowed, or Divorced HUSBAND or (OR) WIFE OF Phillip Hagemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 25, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 | 10. | 28. | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Dr. DeBruin

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

12. MAIDEN NAME OF MOTHER Sora Schuetz

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

14. INFORMANT Phillip Hagemann  
 (Address) Highway City MO

15. FILED 3/24/28 E. A. Bueschier, M.D.  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23<sup>rd</sup> 1928

I HEREBY CERTIFY That I attended deceased from Mar 22<sup>nd</sup> 1928 to Mar 23<sup>rd</sup> 1928  
 that I last saw h. or alive on Mar 23<sup>rd</sup> 1928, and that death occurred, on the date stated above, at 8:21 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cerebral Hemorrhage  
Apoplexy  
 (duration) 8 2/3 hrs  
 CONTRIBUTORY (SECONDARY) 740  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) J. J. Starnes, M. D.  
24 . 1928 (Address) Highway City MO

\*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 Highway City Cemetery DATE OF BURIAL Mar 25 1928

20. UNDERTAKER C. G. Gribney Highway City MO ADDRESS \_\_\_\_\_

M. R.—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.

1928

