WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18699

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 2842 St. Louis Ave. St. ..... Ward)

File No. .....

Registered No. 5089

2. FULL NAME Frank Herman Hagensieker.

(a) Residence. No. 2842 St. Louis Ave. St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Hagensieker.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/28/1854.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	7	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machine Hand.

(b) General nature of industry, business, or establishment in which employed (or employer) Carr-Trombly Mfg. Co.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Casper Fred. Hagensieker.

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

12. MAIDEN NAME OF MOTHER Caroline Rockman.

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

14. INFORMANT Minnie Hagensieker
(Address) 2842 St Louis Ave.

15. FILED ..... 19.. Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/7/28 19

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to May 7, 1928 that I last saw h— alive on May 7, 1928, and that death occurred, on the date stated above, at 7.20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous
131 Nephritis 2
136 Myocarditis
111 (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Edema of Lungs
(duration) ..... yrs. ..... mos. 2 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? Clinical

(Signed) John W Macdonald, M. D
, 19 (Address) 3529 Tea St.

*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 New Bethleham, Cemetery

DATE OF BURIAL 5/10 1928

20. UNDERTAKER Provost Und. Co

ADDRESS 3710 N. Grand.