AUG 29 1928

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

Do not use this space.

28399

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 248
City (No. 6512 Wells Ave. St. Ward)

2. FULL NAME William Hagemeyer
(a) Residence. No. 6512 Wells Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF: Lena Hagemeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 12 - 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hod Carrier
(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): Missouri

PARENTS
10. NAME OF FATHER: Henry Hagemeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Minnie Hansel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs Lena Hagemeyer
(Address) 6512 Wells Ave.

15. FILED 8/10, 1928 Rolla Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 9 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-8, 1928, to 8-8, 1928, that I last saw him alive on 8-8, 1928, and that death occurred, on the date stated above, at 4.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia, Left
82D (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Don't Know,
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 75A
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. Potts, M.D.
8-9, 1928 (Address) 6118 Easton

*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: Bethany Cemetery
DATE OF BURIAL: 8-11 1928

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton ave.

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.