

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

Do not use this space.

4166

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St Louis

(No. 3436 Williams Pl)

File No.....
Registered No. 789
St. N Ward

2. FULL NAME

(a) Residence. No. 3436 Williams Pl Dist. 6 Ward.

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. (If nonresident give city or town and State)

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 Antonia Hagenah

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 11 16

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer 96 92 (b) General nature of industry, business, or establishment in which employed (or employer) 95E (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

10. NAME OF FATHER Jurgen Hagenah

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

12. MAIDEN NAME OF MOTHER Winkler

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

14. INFORMANT Antonia Hagenah (Address) 3436 Williams Pl

15. FILED 11 19 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 1929

17. HEREBY CERTIFY, That I attended deceased from July 3 1925 to June 11 1928 that I last saw him alive on June 11 1928, and that death occurred, on the date stated above, at 5 A.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Aneurysm of Arch of Aorta
Aortic Insufficiency
Decompensated?

CONTRIBUTORY (SECONDARY) Several attacks of
general quassarsia
Cardiac asthma

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Luke P. Titman M. D
, 19 (Address) 3718 Jennings Rd

*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 Bethel DATE OF BURIAL 11 6 1929

20. UNDERTAKER Thos. H. Geiderwider ADDRESS St. Louis

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.

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RECORD IS A PERMANENT RECORD

