

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

Do not use this space.

29280

1. PLACE OF DEATH

County St. Louis
Township Meremac
City Sherman (No. _____)

Registration District No. 785
Primary Registration District No. 6032

File No. _____
Registered No. 177
St. _____ Ward)

2. FULL NAME

Louis Hagerman Jr.
(a) Residence. No. Sherman Mo. St. _____ Ward. _____
(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. (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-14-1924

7. AGE YEARS 7 MONTHS 0 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chicago Ill (STATE OR COUNTRY)

10. NAME OF FATHER Louis Hagerman

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

12. MAIDEN NAME OF MOTHER M. Catherine Reynolds

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

14. INFORMANT Catherine Hagerman (Address) Sherman, Mo.

15. FILED 8/6 31 P. E. Barrett REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-4 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Drowning while swimming in Meremac Pond
183 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 185 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Sherman Mo IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam (Signed) John D. Stowell M. D.

, 19____ (Address) From Sherman 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 Chicago Ills DATE OF BURIAL Aug 8 1931

20. UNDERTAKER John D. Geegenheim ADDRESS 345 S. Lafayette St. St. Louis, Mo.

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. SEP 25 1931

