

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

Do not use this space.

9891

1. PLACE OF DEATH

96 County St. Louis
Township Bonhomme
City (No. _____) _____

Registration District No. 785
Primary Registration District No. 6031

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Ellwood A. Hagemann
(a) Residence. No. Valley Park, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 28 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-11-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 28

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) Valley Park, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Arthur Hagemann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waltheim
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Theresa Dietrich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Manchester
(STATE OR COUNTRY) Mo

14. INFORMANT Arthur Hagemann
(Address) Valley Park Mo

15. FILED 3/10 1932 L. E. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-10 1932

17. I HEREBY CERTIFY, That I attended deceased from March 9th 1932 to March 10th 1932 that I last saw him alive on March 9th 1932, and that death occurred, on the date stated above, at 9-11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute bronchitis
1068 (duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1060 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Henry D. ... M. D.
March 10 1932 (Address) 120 E Adams Kirkwood

*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 St. Paul's Cem. Des Peres, Mo DATE OF BURIAL Mar-11-1932
20. UNDERTAKER Schrader Und. Co ADDRESS Ballwin, Mo

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.

APR 29 1932

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