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

Do not use this space.

3296

File No. .....

Registered No. 185

1. PLACE OF DEATH

County ..... Registration District No. 7100

Township ..... Primary Registration District No. 0003

City St. Louis, Mo. (No. ....., 5314 Oriole St. ..... Ward)

2. FULL NAME Stanley Hagedorn

(a) Residence, No. 5314 Oriole St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 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~~ Katie Hagedorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16th 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Jan. 31st 1932

11. Total time (years) spent in this occupation 20

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

FATHER

13. NAME Stanley Hagedorn

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

MOTHER

15. MAIDEN NAME Magoline Zenski

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

17. INFORMANT (ADDRESS) Chas Hake 1515 Mallinkrodt

18. BURIAL, ~~CREMATION,~~ OR REMOVAL

PLACE Calvary DATE Jan 7th 1933

19. UNDERTAKER (ADDRESS) Kenrich Chapel Mesmer Undertaking Co. Kenrich Chapel & Lexington

20. FILED JAN -6 1933 Clay C. Stanley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 4, 1933

I last saw h. alive on Jan 4, 1933. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/31/32
108	
36 108	

Other contributory causes of importance: Streptococcus hemolyticus causative organism

Name of operation none Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. A. Harris M.D., M. D.

(Address) 5346 Oriole

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.

Streptococcus hemolyticus