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 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No. 10372
Township Central — Primary Registration District No. 6033a — Registered No. 96
City Clayton (No. St. Louis County Hosp. St. Ward)

2. FULL NAME Hagemeyer, Albert
(a) Residence, No. 6801 Easton 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Hagemeyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 4th 1897
7. AGE: YEARS 37 — MONTHS 2 — DAYS 24 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co. Mo.

FATHER
13. NAME: Henry Hagemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Minnie Henning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Mary Hagemeyer, 6142 Plymouth Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 3-31 1934
19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Und. 5966 Easton Ave.
20. FILED 3/29 1934 Robt J. Auchmuth, Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from January 7, 1934, to March 28, 1934. Last saw him alive on March 28, 1934. Death is said to have occurred on the date stated above, at 2:17 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
108	
110	
Lung abscess 114	Jan. 1934
Pulmonary edema	3/28/34

Other contributory causes of importance:

Pleurisy	1-3-34

Name of operation: Thoracotomy — Date of 3/28/34
What test confirmed diagnosis? — Was there an autopsy? Yes

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?
If so, specify
(Signed) Orem R. Timm, M. D.
(Address) St. Louis County Hospital, Clayton, Mo.

#2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

St Louis Co

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

96 10372

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Hagemeyer, Albert
Who died at _____ on Mar 28-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: M

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Lung abscess 108
Unresolved lobar pneumonia

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar Robert J. Auchenstein Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 790

Primary Reg. Dist. No. 6033a

Very truly yours,

E. T. McGaugh
State Registrar
Special Agent.

10372