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.

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

Do not use this space.

File No. 3470

Registered No. 777

Registration District No. 1003

Primary Registration District No. 791

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4204a Kossuth Ave. St. Ward)

2. FULL NAME Amelia Hagensieker

(a) Residence, No. 4204a Kossuth Ave. St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Female

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 Henry C. Hagensieker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th, 1859

7. AGE: Years 75 | Months 1 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Rudolph Meier

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

MOTHER

15. MAIDEN NAME Margaret Rohlfing

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

17. INFORMANT Edw. Hagensieker
(ADDRESS) 2156 Farrar St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem. DATE Jan. 23rd, 1935

19. UNDERTAKER Drehmann Hand
(ADDRESS) 1905 Union Blvd.

20. FILED JAN 21 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1935, to Jan 20, 1935

I last saw h. er alive on Jan 20, 1935 Death is said to have occurred on the date stated above, at 7:05 P.M.

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

	Date of onset
Chronic Myocarditis	11-28-33
Other contributory causes of importance: Chronic Interstitial Nephritis	11-28-33

Name of operation None - Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) Emmett Dyna, M.D.

(Address) 3802 N. Grand Blvd.

[illegible]
3804 N Strand

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