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

Do not use this space.

38163

DEC 20 1935

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: (No. 8505, Idaho St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 a

File No.
Registered No. 388

2. FULL NAME: Clara Hagemann (Hageman)
(a) Residence, No. 8505 Idaho St., 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 26, 1873

7. AGE: Years 62 Months 1 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at 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): Murphysboro, Ill.

FATHER
13. NAME: Louis Ludwig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

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

17. INFORMANT (ADDRESS): Henry Hagemann 8505 Idaho Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Lawn Cemetery DATE: November 14, 1935

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 So. Broadway

20. FILED: Nov 14, 1935 G. Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1935, to Nov 11, 1935.
I last saw h. alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 6 00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Cerebral Hemorrhage	

Other contributory causes of importance:
Hypertension
Chronic Myocarditis

Name of operation: — Date of: —
What test confirmed diagnosis? Exam 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) Andrew D. Lane, M. D.
(Address) 3720 Washington

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.

MAR 29 1943