

JUN 24 1936

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

Do not use this space.

20201

1. PLACE OF DEATH

County Hunter
Township Merion
City Diamond (No.)

Registration District No. 615
Primary Registration District No. 5817

File No.
Registered No. 16
St. Ward

2. FULL NAME Louise Hagemier

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christ Hagemier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4 - 1878</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>7</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	
	11. Total time (years) spent in this occupation <u>Y</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 1936, to May 20 1936. I last saw him alive on May 20 1936. Death is said to have occurred on the date stated above, at 7:15 P. m.

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

Chronic Nephritis Date of onset about 1900

Other contributory causes of importance MI

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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) R. F. Chatham, M. D.
(Address) Diamond Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Thomas Schnake</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Mary Rohmoller</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>Ed Hagemier</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cem.</u> DATE <u>5/22/36</u>	
19. UNDERTAKER <u>Fossitt Co</u> (ADDRESS) <u>sub. J. Gannon, Inc</u>	
20. FILED <u>May 20</u> 19 <u>36</u> <u>W. S. Chapman</u> Registrar	

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

