

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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St Louis** (No. **4517**), **N. Market** St. **18000** Ward **4576**

2. FULL NAME

**Mary A. Hagemann**

(a) Residence, No. **4517 N. Market** St. **11** 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 15-1875</b>		
7. AGE	YEARS	MONTHS
	<b>61</b>	<b>6</b>
		<b>17</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Bookkeeper</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>metal Corp.</b>		
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) <b>St Louis</b>		
13. NAME <b>John Hagemann</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ger.</b>		
15. MAIDEN NAME <b>Elizabeth Meyer</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ger.</b>		
17. INFORMANT <b>Elizabeth Hagemann</b> (ADDRESS) <b>4517 N. Market</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>May 5 1937</b>		
19. UNDERTAKER <b>Bronsching Und. Co</b> (ADDRESS) <b>4740 N. Florsmeast Ave</b>		
20. FILED <b>MAY 4 1937</b> <b>J. J. Bredeck</b> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 2<sup>nd</sup>** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **April 1937**, 19**37**, to **May 2<sup>nd</sup>**, 19**37**.

I last saw her alive on **May 2<sup>nd</sup>**, 19**37**. Death is said to have occurred on the date stated above, at **5:45 P.M.**

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

**Endocarditis chronic**  
**Ejecting Aortic Solus**

Other contributory causes of importance:  
**Chronic**  
**Articular Rheumatism**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **in M. M. M. M.** 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 **1937**.  
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 **None**.  
If so, specify **None**  
(Signed) **J. J. Bredeck**, M. D.  
(Address) **4740 N. Florsmeast Ave**

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00-10-3-4-2801