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

SEP 25 1937

Do not use this space.

1. PLACE OF DEATH

County St. Louis. Registration District No. 789 File No. 31772

Township Central Primary Registration District No. 6033 Registered No. 245

City Welston (No. 6404 Etzel ave. St. Ward)

2. FULL NAME Rose. Hagmann.

(a) Residence, No. 6404 Etzel 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lorenz Hagmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20 1865

7. AGE: 72 YEARS | MONTHS: 2 | DAYS: 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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: Wm. Baltzer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Schell.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Elsie. Toennies. 6404 Etzel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Sept 1 1937

19. UNDERTAKER (ADDRESS): Jos. W. Clark. 1125 Hodiamont Ave.

20. FILED Aug 31 1937 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1936 to Aug 30, 1937

I last saw her alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 3.50 a.m.

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

	Date of onset
Nephritis (Chronic Glomerulo)	1931
Uremia	8/28/37

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Other contributory causes of importance:
Myocarditis Chronic.
Arterio-Sclerosis General

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? No
If so, specify

(Signed) Chas F Rosenberger, M. D.
(Address) 7745 Olive St Road