

REC'D JUL 12 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

20646

Do not use this space.

5785

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo** (d) Street No. **2715 McNair Avenue** St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Philomena Hagerling** **764**

(a) Residence, No. **2715 McNair Avenue** St. **23** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Hagerling**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 30, 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**86 6 26**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**  
 9. Industry or business in which work was done, as 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) **Pittsburg, Pa.**FATHER 13. NAME **George Schott**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**MOTHER 15. MAIDEN NAME **Philomena Schneider**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Eugene E. Hagerling**  
(ADDRESS) **2715 McNair Av.**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **6/29/38**19. FUNERAL DIRECTOR **J. H. Gebken Und. Co.**  
(ADDRESS) **2630 Gravois Av.**20. FILED **JUN 27 1938** **J. F. Buehler**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26, 1938**22. I HEREBY CERTIFY That I attended deceased from **December 29, 1934** to **June 26, 1938**I last saw her alive on **June 25, 1938** Death is said to have occurred on the date stated above, at **3:45** m.

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

**Chronic Myocarditis** Date of onset **10/19**  
**131**

Other contributory causes of importance:

**Chronic Parenchymatous Nephritis** **5/19**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis **blut. 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?

If so, specify \_\_\_\_\_

(Signed) **J. P. Kerin** M. D.(Address) **2730 McNair Ave**

Dr. Keim  
of the State of Michigan

11 + 12

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**