

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1003

859

Do not use this space.

859

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis or (d) Street No. City Hospital No. 1 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. da.

2. PRINT FULL NAME

251 Adam Hagenbrok
 (a) Residence, No. 2241 St. Louis St. St. 20 (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 male 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 Catherine Hagenbrok

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 11 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 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) St. Louis, Missouri

FATHER 13. NAME Anton Hagenbrok

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER 15. MAIDEN NAME Mary Mikus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Hosp. Info M. Kent
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem, DATE Jan. 30, 39

19. FUNERAL DIRECTOR (NAME) Henry Leidner Und.
 (ADDRESS) 1417 N. Market Street.

20. FILED JAN 27 1939 J. B. Bredek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/39, 19

22. 1/25/39 I HEREBY CERTIFY That I attended deceased from 1/27/39 to 1/27/39, 19
 I last saw h. him alive on 1/27/39, 19. Death is said to have occurred on the date stated above, at 1.05 a m.
 The principal cause of death and related causes of importance were as follows:

Acute Nephrotoxic
 Pancreatitis
 Non malignant

Date of onset

Other contributory causes of importance:

Name of operation 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? 1
 If so, specify Dr. L. Sellers, Jr., M. D.
 (Signed) Dr. L. Sellers, Jr., M. D.
 (Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *1679*

P. O. Address *2223 St Louis Ave*

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.)

If this body is not embalmed, above space should be left blank.