

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

16895
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2
(b) Township St. Louis Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 5638 Roosevelt Place Registered No. 4429
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Frederick William Hagemann
(a) Residence, No. 5638 Roosevelt Pl. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Elizabeth Hagemann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27, 1861</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>
	DAYS <u>20</u>	# LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>millwright</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
FATHER	13. NAME <u>Frederick Hagemann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mitrowski</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Edwin Hagemann</u> <u>4644 Idaho</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary</u> DATE <u>May 15, 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Chas. F. Stuart</u> <u>1225 Myron Blvd.</u>		
20. FILED 19 <u>MAY 13 1939</u> <u>J. B. Buech</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to May 11, 1939
I last saw him alive on May 11, 1939 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
cerebral apoplexy Date of onset 5/11/39

Other contributory causes of importance:
Hypertension
atheriosclerosis

Name of operation Chiro Date of me
What test confirmed diagnosis? Chiro Was there an autopsy? me

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 H. F. Bergman M. D.
(Signed) H. F. Bergman
(Address) 3720 Washington

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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.

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.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.