DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791

State File No. 24202

Registration District No. 1003 Primary Registration District No. Registrar's No. 6475

1. PLACE OF DEATH:

(a) County 3239 California Ave.

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town Saint Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3239 California Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margie Etta Hageman, 255

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced.

6. (b) Name of husband or wife Louis C.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November (Month) 17 (Day) 1886. (Year)

8. AGE: Years 52 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Iowa City (City, town, or county) Iowa (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Frank W. Pratt
13. Birthplace Iowa City (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Dollie Landry
15. Birthplace Iowa City (City, town, or county) Iowa (State or foreign country)

16. (a) Informant's own signature Junius Hagemann
(b) Address 3239 California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25th, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.

19. (a) JUL 24 1939 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1939 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-22-39, 19__, to 7-21, 1939;
that I last saw her alive on 7-21, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to focal infection

Due to

Other conditions Metastatic Carcinoma
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Edw. R. Westover (M. D. or other) DO.
Address 3700 a N. Grand Blvd. Date signed 7/22/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.
I X19511

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 V. E. Morris

Licensed Embalmer No. # 3360

P. O. Address St. Louis, M

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

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