

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
1 X 11311

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

DEC 13 1939 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38308  
Registrar's No. 10147

Registration District No. 1008 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008  
(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri.  
(c) Name of hospital or institution: Lutheran Hospital.  
(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)  
3. (a) PRINT FULL NAME Martha Hagner. 256  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Charles Hagner. 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased September 18th, 1891.  
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Charles Woelfler 6  
13. Birthplace Unknown Germany 6  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Hagner.  
(b) Address 2909 Michigan Ave.

17. (a) Burial (b) Date thereof November 29, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Hope Cemetery.

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

19. (a) NOV 28 1939 (b) J. F. Bredich  
(Date of local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town Saint Louis, 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2909 Michigan Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th,  
year 1939. hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Nov 18 39  
Nov 18 1939 to Nov 26 1939  
that I last saw her alive on Nov. 7. 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism  
Duration \_\_\_\_\_

Due to 121  
Due to \_\_\_\_\_

Other conditions Appendicitis  
(Include pregnancy within 6 months of death)  
Major findings: Septicemic appendicitis PHYSICIAN  
and ovarian tumor Underline the cause to which death should be charged statistically.  
non malignant  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of Injury \_\_\_\_\_  
28. Signature Otto H. H. H. (M. D. or other) \_\_\_\_\_  
Address 3157<sup>th</sup> Park Ave. Date signed 11/29/39

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**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 Juddie A. Ziegler  
Licensed Embalmer No. 2270  
P. O. Address 2623 Cherokee

**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.**