DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 834 834

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH: HD FEB 17 1940

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
5418 Louisania Ave.
(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 St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 5418 Louisiana Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME ADELAIDE HAGENER 751

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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Don't Know (Month) (Day) (Year)

8. AGE: Years abt 81 Months Days If less than one day hr. min.

9. Birthplace Wardsville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. J. Benten
(b) Address 5418 Louisania Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Wardsville, Missouri
18. (a) Signature of funeral director F. H. Bekker Fun'l Hm Co.
(b) Address 2842 Meramec St.
19. (a) JAN 28 1940 (Date received local registrar) (b) J. R. [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1940 hour 4 minute A.M. M.

21. I hereby certify that I attended the deceased from June 24th, 1940, to June 24th, 1940; that I last saw her alive on June 26th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro Sclerosis	
Due to Senile Incompetency	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature [illegible] (M. D. or other)
Address Hoop Fountain Co. Date signed 1-27-40

(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

Robert F. Gebken, Registered Apprentice No. 187,

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

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.