

FILED FEB 24 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2323
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township..... Primary Registration District No. 4182 Registered No.....
(c) City Hermann or..... (d) Street No..... 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 3 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME BENJAMIN FRANKLIN LAGEMANN

(a) Residence, No. Hermann, Mo. St. (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 Olga Lagemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. General Store
10. Date deceased last worked at this occupation (month and year) 2/10/40 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) New Haven (STATE OR COUNTRY) Missouri

13. NAME Henry Lagemann

14. BIRTHPLACE (CITY OR TOWN) Marthasville (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Anna Stolte

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

17. INFORMANT Mrs. Olga Lagemann (ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Wrens ville City DATE 2112 19. 4
Cemetery

19. FUNERAL DIRECTOR (NAME) Hugo H. Blumer (ADDRESS) Hermann, Mo

20. FILED 2-12 19. 40 Anna K. Rieker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10 - 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/10 - 1940, to 2/10 - 1940

I last saw him alive on 2/8/1940, 19.40. Death is said to have occurred on the date stated above, at 7:19 m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
94 B

Other contributory causes of importance: Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

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? no
If so, specify.....

(Signed) Howard Robinson, M. D.
(Address) Hermann, Mo

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.

THIS IS A PERMANENT RECORD

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.....

Hugh H. Blum

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.