

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community Life
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. 4739 Minnesota
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME Fred Hagemeyer 256
3. (b) If veteran, name war --- 3. (c) Social Security No. 491-16-7266

20. DATE OF DEATH: Month July day 29
year 1940 hour 9 minute 15 P. M.

4. Sex Male 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: January 12, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28, 1940, to July 29, 1940, that I last saw him alive on June 29, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 6 17 hr. min.

Immediate cause of death: hypostatic pneumonia unspecified 24 hrs.
Due to ideal stroke 24 hrs.

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

Due to 191/40
Other conditions Coronary sclerosis ?
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: Congestion of lungs
Of autopsy Coronary sclerosis
PHYSICIAN _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Hagemeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Nierste
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) mur
(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? in

16. (a) Informant Walter Welder
(b) Address 7500 Compton Clayton Mo
17. (a) Burial (b) Date thereof 7/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Max Stahlhoff (M. D. or other) MD
Address 512 Dow Dr Date signed 7/30/40

18. (a) Signature of funeral director Walter Welder
(b) Address 2331 S. Broadway
19. (a) JUL 31 1940 (b) J.F. Bradeck
(Noted on reverse side) (Registrar's signature)

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address Soldiers 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.