

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: Jewish Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
years, months or days) 0 (Specify whether)

3. (a) PRINT FULL NAME Frederick Hagemister

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W
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 Sept 12 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 - 7 hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Frederick Hagemister

13. Birthplace _____ (City, town, or county) Illinois (State or foreign country)

14. Maiden name Amelia Winters

15. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Phyllis Hagemister

(b) Address 6008 Fluer

17. (a) burial (b) Date thereon Sept 26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martha'sville, Mo

18. (a) Signature of funeral director Funder and Co

(b) Address 7420 Michigan

19. (a) SEP 24 1941 (b) J. Budrak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town James Beach
(If outside city or town limits, write "RURAL") N. R.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1941 hour 5:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 13, 1941 to Sept 23, 1941,
that I last saw him alive on Sept 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Ht Disease Duration years

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations Palmonary Infarcts
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) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Rindke (M. D. or other) MD
Address Jewish Hospital Date signed 9/24/41

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

Oliver E. Smith

Licensed Embalmer No. *4145*

P. O. Address *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, fact should be so stated above.