

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Deaconess 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 Ida Hagensieker

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Hagensieker 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Oct. 18th 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Franklin County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Fred Schallenberg

12. Name Fred Schallenberg

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

14. Maiden name Louisa Aufderheide

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

16. (a) Informant John Hagensieker

(b) Address 4466 Tholozan Ave.

17. (a) Burial (b) Date thereof 10-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) Oct 11 1941 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4466 Tholozan Ave. 000  
(If rural, give location) 18  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th  
year 1941 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct. 6, 1941, to Oct. 9, 1941;  
that I last saw him alive on Oct. 9, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage Duration 1 week  
Due to General Arterio-Sclerosis ?  
Due to Diabetes Mellitus ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations UI

Of autopsy UI

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 A. P. Shuffler (M.D. or other) \_\_\_\_\_  
Address 1020 Mo. Theatre Bldg. St. Louis, Mo. Date signed 10-10-41

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

0  
7  
9

Mr. A. R. Humphreys  
Sno. 14444 830-930  
Je 79669

**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 Edwin A. McArthur

Licensed Embalmer No. 3024

P. O. Address.....

**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.**