

FILED MAR 24 1942
Registration District No. **1003**

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, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
In this community **Life.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **(Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **9911 Coventry Lane, Affton Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rose Eva Hageman**

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 **Married**

6. (b) Name of husband or wife **Arthur W.** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **March 10th, 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	11	25	hr. _____ min. _____

9. Birthplace **Michigan** (City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Rose E. Merritt**

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

14. Maiden name **Margaret M. Lutz**

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

16. (a) Informant **Arthur W. Hageman**

(b) Address **9911 Coventry Lane**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/9/42**
(Month) (Day) (Year)

(c) Place: burial or cremation **New Picker Cem.**

18. (a) Signature of funeral director **John L. Zugachinski**

(b) Address **7027 Gravois Ave.**

19. (a) **MAR 7 1942** (Date received local registrar) (b) **J. F. Bludick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th** 5th
year **1942** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from **2-11-42**
19 **42** to **3-5-42** 19 **42**
that I last saw **W** alive on **3-5-42** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion
Cerebral embolus

Due to **Ch. myocarditis**

Insomnia

Due to **Ch. nephritis**

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration

2/11/42

2/17/42

2/28/42

3

3

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) **Ch. myocarditis**

(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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature **J. F. Bludick** (M. D. or other) _____

Address **31155 Grand** Date signed **3/6/42**

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.....

C. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Gravois

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.