

S. No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 119580

FILED APR 6 1942
Registration District No. 284

Primary Registration District No. 200

Registrar's No. 615

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town LEMAV
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mount St. Rose Sanatorium
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County St. Louis 91
(c) City or town LEMAV
(If outside city or town limits, write "RURAL")
(d) Street No. 9101 SOUTH BROADWAY
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HELEN HAGEDORN
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 23
year 1942 hour 6 minute - P. M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BRUNO HAGEDORN
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased MARCH 23, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 15, 1942 to March 23, 1942
that I last saw her alive on March 23, 1942
and that death occurred on the date and hour stated above.

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

Immediate cause of death Cardiac Failure miss.

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)
10. Usual occupation NONE

Due to Arteriosclerosis & hypertension
Due to _____

11. Industry or business _____
MOTHER FATHER { 12. Name MICHAEL
13. Birthplace Winnemucca 9
(City, town, or county) (State or foreign country)
14. Maiden name MARY HAASE
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 97

16. (a) Informant Sister Mary Pauline
(b) Address 9101 So. Broad
17. (a) _____ (b) Date thereof Mar 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings: Of operations _____
Of autopsy _____

18. (a) Signature of funeral director SS. Pauline Paul
Prendler Hol 0
(b) Address 7620 Michigan St
19. (a) MAR 25 1942 (b) E. L. V. No. Garrison
(Date received local registrar) (Registrar's signature)

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Medicus C. Hinkle M.D. (M. D. or other)
Address 507 No. Grand Date signed 4/22/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

Licensed Embalmer No.....

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.