

S. No. 2  
M-2-43  
5-17-43  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26700 26700  
State File No. 26700  
Registrar's No. 7174

FD AUG 18 1943 1318  
Registration District No. 1318

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:  
City Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hrs.  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 209  
(d) Street No. 2711a Dodier St.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Douglas Hagemeyer

3. (b) If veteran, name war No 3. (c) Social Security No. 494-05-3279

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vera Hagemeyer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 29, 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 10 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk  
11. Industry or business Unemployed

MOTHER FATHER { 12. Name Gustav Hagemeyer  
13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mata Meier  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera Hagemeyer  
(b) Address 2711a Dodier St.  
17. (a) Burial (b) Date thereof Aug. 10, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home  
(b) Address 4828 Natural Bridge Blvd.  
19. (a) AUG 9 1943 (b) J. F. Biedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th,  
year 1943 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Broncho Pneumonia  
Pachymeningitis  
Hemorrhagic  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 107  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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?  
23. Signature Alfred J. Berry (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 8/9/43

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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.....

*John Melina*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *John Melina*.....

Licensed Embalmer No. *4186*.....

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.**