

FILED JAN 4 3 18
Registration District No. 1424

Primary Registration District No. 1003

Registrar's No. 11794

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:
St. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
In this community life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Richard Arthur Hageman

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 5. Color of face White 6. (a) Single, widowed, married, Single
Divorced

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased October 29 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X 1 27 hr. min.

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

10. Usual occupation XX

11. Industry or business _____

MOTHER FATHER { 12. Name Robert N. Hageman

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Terry Ehrhardt

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

16. (a) Informant Robert N. Hageman
(b) Address 3544a Minnesota Ave.

17. (a) Burial (b) Date thereof 12/28/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) DEC 28 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 11

(c) City or town St. Louis (d) Street No. 3544a Minnesota Ave.
(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1943 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 25 1943 to Dec 26 1943
that I last saw him alive on Dec 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction 2 days
congenital

Due to _____

Due to 1/27 1946

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

Major findings: as above.

Of operations _____

Of autopsy _____

Duration

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) no

(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 [Signature] (M. D. or other) _____
Address 5417 So Grand Blvd Date signed 12-27-43

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.....

W E Morris

Licensed Embalmer No. 3360

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.