

FILED FEB 18 1944
Registration District No. **378**

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:
Christian 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6145 Waterman Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Catherine S. Hagemann

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Herman H. Hagemann

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

7. Birth date of deceased Sept. 9, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 5 1 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Louis Sander

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

14. Maiden name Theresa Rieger

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

16. (a) Informant Mrs. Ann Thaman

(b) Address 6145 Waterman Ave.

17. (a) Burial (b) Date thereof Feb. 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
While at work? (Specify type of place)

(b) Address 4828 Natural Bridge Blvd.
(c) Means of injury

19. (a) FEB 12 1944 (b) J. F. Beedack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1944 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 9, 1943 to February 10, 1944
that I last saw her alive on February 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 wa

Due to Hypertension ?

Due to Arterio Sclerosis

Other conditions 88
(Include pregnancy within 3 months of death)

Major findings: 88
Of operations.....

Of autopsy.....

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?.....

23. Signature Rear M. Bewan (M. D. or other) MD
Address 4356 Warne Date signed 2/11/44

NY. 115-Kelsoam
4356 Monro
1-5 GPR

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 John A. Minar

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.