

352580

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 29 1944
Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 2176

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Eureka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Eureka (If outside city or town limits, write "RURAL") 916
(d) Street No. _____ (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-14 1941 to 10-25 1944
that I last saw her alive on 10-7 1944
and that death occurred on the date and hour stated above.
Immediate cause of death cause of sigmoid Duration 13 mo

3. (a) PRINT FULL NAME Julia Hagemeister
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 married
6. (b) Name of husband or wife Ello Hagemeister
6. (c) Age of husband or wife if alive 78 1/2 years
7. Birth date of deceased Jan. 1-1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 24 hr. _____ min. _____
If less than one day

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

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Jacob Fisher
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Hemper
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Hagemeister
(b) Address Eureka Mo

17. (a) Burial (b) Date thereof 10-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's R.C. Church

18. (a) Signature of funeral director Geo. L. Shibles
(b) Address Paris Mo

19. (a) OCT 26 1944 (Date received local registrar's certificate)
E. J. McEvers M.D. (Registrar's signature) Cons

Due to 402
Due to _____

Other conditions Cyels nephritis 6 mo
(Include pregnancy within 6 months of death)

Major findings: Of operations none
Of autopsy none
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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____
Signature DR. C. R. BECKMEYER (M. D. or other) all
Address _____ Date signed 10-25-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

76
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1001
No. 15

DEC 15 1944

FEB 3 1953

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 *Geo. L. Thibbs*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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.