

FILED Jun 23 1945

Registration District No. ... Primary Registration District No. 6076

Registrar's No. 1816

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Pine Crest Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 3 mon. 2 days  
3 mon. 2 days (Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 4322 Rosalie Ave. 9  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country

3. (a) PRINT FULL NAME Ida M. Hagedorn

(b) If veteran, name war: -----

(c) Social Security No. None

4. Sex Female 5. Color or race White

6. (b) Name of husband or wife: None 6. (c) Age of husband or wife if divorced: W 7

7. Birth date of deceased: Jan. 29 1876  
(Month) (Day) (Year)

8. AGE: Years 69 Months 67 Days 15  
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Home

(b) Address Ballwin, Mo.

17. (a) Burial (b) Date thereof July 18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation new Pichus

18. (a) Signature of funeral director Budemida funeral Home

(b) Address 1936 St Louis

19. (a) 7-19-1945 (b) E. M. Garrison M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1945 hour 2:25 minute P M.

21. I hereby certify that I attended the deceased from Apr. 14/1945 to July 16 1945  
er July 15, 1945  
that I last saw h. alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis Duration

Due to 936

Other conditions: arteriosclerosis  
(include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B.R. Irving (M. D. or other)

Address Ballwin, Mo. Date signed 7-16-45

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

MOTHER FATHER

County

3310

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Glen W. Hat*.....

Licensed Embalmer No. *3739*.....

P. O. Address..... *1936 N. Boulder*.....

**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.**