DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10753

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 659

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Germann Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Rural Eureka 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FREDERICKE JOHANNA HAGEMEISTER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 71

6. (b) Name of husband or wife Chas. Hagemeister

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

7. Birth date of deceased APRIL (Month) 10 (Day) 1854 (Year)

8. AGE: Years 92 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Bielefeldt (City, town, or county) Germany (State or foreign country) 1

10. Usual occupation Invalid

11. Industry or business

FATHER
12. Name Wittler
13. Birthplace Bielefelt (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Augusta Strathman
15. Birthplace Bielefelt (City, town, or county) Germany (State or foreign country) 1

16. (a) Informant Lenie Moder

(b) Address 4916 Tuscan Ave Affton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21-1946 (Month) (Day) (Year)

(c) Place: burial or cremation St Martin's High Ridge Mo

18. (a) Signature of funeral director John H Brimmer

(b) Address House Springs Mo

19. (a) 3-20-46 (Date received local registrar) (b) E D McGarran M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Sept 1944, to 3-18-1946, that I last saw her alive on 3-18-1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insufficiency	1 week
Due to Hypertensive Heart Disease	1 year
Due to 1952	
Other conditions Fractured Hip	1 Month
(Include pregnancy within 3 months of death)	

Major findings
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 96

(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

23. Signature R. Ruhling Mrs (M. D. or other)

Address 114 Mo Theatre Date signed 3-19-46

(Licensed Embalmer's Statement on Reverse Side)

2:00 P.M

5205 Ct.
Flandin 5755

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 Pete Dubrouillet

Licensed Embalmer No. 3691

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. April 659

Registration District No. 317 Primary Registration District No. 6076 Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town affton

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frederick J Hagemeister

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 10 (Day) (Year)

8. AGE: Years 91 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER

12. Name

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

MOTHER

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 18 year 1946 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to Intertrochanteric fracture left Hip 2-10-46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Nailed Hip 2-20-46
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) Accident

(b) Date of occurrence 2-10-46

(c) Where did injury occur? St. Louis County Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury slipped

23. Signature R. Ankling, M.D. (M. D. or other)

Address 5205 a Chippewa Date signed 4-4-46

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION RECEIVED

10753