No. 2--
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25582

FILED AUG 4 1947

Registration District No. 318

Primary Registration District No. 1008

Registrar's No. 6970

WRITE PLAINLY—USING 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: Lutheran 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. rt. 8 Box 700 Butler Hill Rd. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Hagemann

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Christ Hagemann

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 1 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	0	24	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Schneider
13. Birthplace (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Elizabeth Weisbrodt
15. Birthplace (City, town, or county) Austria (State or foreign country)

16. (a) Informant Walter Hagemann
(b) Address Rt 8 Lemay, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Johns Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway

19. (a) JUL 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 3, 1947, to July 25, 1947 that I last saw er er alive on July 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis, secondary to squamous cell carcinoma of vulva, grade 3

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy --

Duration

PHYSICIAN

Underline the cause of 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

23. Signature Lewis Hutton (M. D. or other) MD

Address 3606 Gravois Date signed 7/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.