No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29091

Registration District No. FILED SEP 2 1947 318

Primary Registration District No. 1003

Registrar's No. 7938

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: City Sanitarium
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 26yrs 7mos 27days. (Specify whether years, months or days)
In this community 46years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) St ~~1726 Oregon Ave~~ 2513 City Sanitarium
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHANNA HAGEMANN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 8 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Franklin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business Childs Nurse
MOTHER FATHER
12. Name Frederick Hagemann
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Henrietta Blue
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation St.Clair,Mo.
18. (a) Signature of funeral director Albert H.Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 21 1947 (Date received at registrar's) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1947 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from May 1, 1945, to August 20, 1947, that I last saw her alive on August 20, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion-immediate death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

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 A.K. Busch, M.D. (M. D. or other)
Address 5400 Arsenal St Date signed 8/21/47

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 Henry M. Braumer

Licensed Embalmer No. 4200

P. O. Address.....

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.