

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAR 5 1949

State File No. **6233**
1819
Registrar's No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6524 Hoffman Ave.				d. STREET ADDRESS (If rural, give location) 6524 Hoffman Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) _____			c. (Last) Hagedorn	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT 19-1893		9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR		11. BIRTHPLACE (State or foreign country) MOG	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR		10b. KIND OF BUSINESS OR INDUSTRY WHITE ROGERS ELEK		11. BIRTHPLACE (State or foreign country) ST LOUIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HERMAN HAGEDORN		13b. MOTHER'S MAIDEN NAME MARY FRYE		14. NAME OF HUSBAND OR WIFE FLORA HAGEDORIV			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME 6524 HOFFMAN ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteomyelitis of Lumbar Spine ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis of Spine DUE TO (c) Lungs involved 13 b. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Not Known Not Known	
19a. DATE OF OPERATION July 17-1948		19b. MAJOR FINDINGS OF OPERATION Osteomyelitis of 3rd + 4th Lumbar Vertebrae				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____		21d. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec 1st, 1947 , to Feb 25, 1949 , that I last saw the deceased alive on Feb 24, 1949 , and that death occurred at 9:10 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. Wilcox (Degree or title) MR - U				23b. ADDRESS 3228 Swanker on St Louis Rd		23c. DATE SIGNED Feb 25-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/28/1949		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		24d. LOCATION (City, town, or county) (State) AFFTON MO	
DATE REC'D BY LOCAL REG. FEB 26 1949		REGISTRAR'S SIGNATURE J. A. Lanier		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mort ADDRESS 6464 Chippewa			

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

Hi 2895

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Harry J. Schumacher

Signed _____
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

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.