

FILED MAR 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7141

BIRTH NO. _____ REG. DIST. **18171** PRIMARY REG. DIST. NO. **6076** Registrar's No. **626**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. CITY (If outside corporate limits, write RURAL and give township) Jennings	
c. LENGTH OF STAY (In this place) ?		d. STREET ADDRESS (If rural, give location) 5539 Helen Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HERMAN 5539 Helen Avenue			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HERMAN			b. (Middle) H.		
c. (Last) HAGEMEIER			Month March Day 9 Year 1950		

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 3, 1898		9. AGE (In years last birthday) 57		10. CITIZENSHIP (If natural, give location) U.S.A.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk			10b. KIND OF BUSINESS OR INDUSTRY -----Grocer			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME August Hagemeyer			13b. MOTHER'S MAIDEN NAME Margaret Sonner			14. NAME OF HUSBAND OR WIFE Anna Rick Hagemeyer		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Hagemeyer, 5539 Helen Ave.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning		ANTECEDENT CAUSES						5 days	
DUE TO (b) Metastatic Cancer Pines		DUE TO (c) Carcinoma of Bladder/Pentate						6 mos	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								1 yr	
								181X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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		
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22. I hereby certify that I attended the deceased from **12/31** **1949** to **3/4** **1950**, that I last saw the deceased alive on **2/9**, 1950, and that death occurred at **5:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Kuching D.D.		23b. ADDRESS 4167 Lee Ave		23c. DATE SIGNED 3/19/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		March 15, 1950		Calvary Cemetery		St. Louis, Missouri	

DATE REC'D BY LOCAL REG. MAR 10 1950		REGISTRAR'S SIGNATURE Herbert R. Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.A. Stock Mortuary, 2117 E. Grand	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

H. E. Kasting
4167 Lee Ave

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.