

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21074

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 3058 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b> <u>0923</u>	
c. LENGTH OF STAY (In this place) <b>81 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>545 Jefferson St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hardin Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Louise</b>	b. (Middle) <b>Margaret</b>	c. (Last) <b>Hagemann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 14 1951</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 19 1870</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>St Charles Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John W Hagemann</b>	13b. MOTHER'S MAIDEN NAME <b>Adelheid Nechtawaller</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Helen M Hackmann</b>	ADDRESS <b>545 Jefferson St</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, Hard Degree</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Advanced</b>		
	DUE TO (c) <b>Arteriosclerosis 20 yrs</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. e			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July, 1949 to 6-14, 1951, that I last saw the deceased alive on 6-14, 1951, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ed Lauer M.D.</b>	23b. ADDRESS <b>114 N. Main St. Charles Mo. 6-16-51</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 16 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 16 51</b>	REGISTRAR'S SIGNATURE <b>Franice Hamel</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Hackmann</b>	ADDRESS <b>St Charles Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUN 25 1951

RECEIVED

**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 \_\_\_\_\_

Licensed Embalmer No. 3155

P. O. Address St Charles Mo

**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.