

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4043

State File No. _____

300
48
FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 0088

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Eureka</u> | |
| c. LENGTH OF STAY (in this place) <u>D.O.A.</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural Route</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA County Hospital</u> | | | |

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|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Hagemeister</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-53</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>6-12-1909</u> | 9. AGE (In years last birthday) <u>44</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>building</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Otto Hagemeister</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Fisher</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Hagemeister</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>198-01-7098</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Hagemeister, Eureka, Mo.</u> | |

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|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural cause</u> | | II. OTHER SIGNIFICANT CONDITIONS <u>7955</u> | | | <u>unk</u> |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>Local Registrar</u> | | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u> | | 23c. DATE SIGNED <u>1/14/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>1-7-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pacific, Mo.</u> | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>1-11-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thiebes F. H., Pacific, Mo.</u> | |
|---|--|---|--|---|--|

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

FEB 4 1953

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. _____

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.