

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 107

1923  
0

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

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. LENGTH OF STAY (In this place) <b>20 hr.</b>	c. CITY OR TOWN <b>St. Charles</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>Rt. 1</b>		0920	

3. NAME OF DECEASED (Type or Print) <b>MARTHA</b>	a. (First)	b. (Middle)	c. (Last) <b>HAGEMETER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 6, 1953</b>
--	------------	-------------	-------------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>September 2, 1882</b>	9. AGE (In years last birthday) <b>70</b>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. UNDER 24 HRS. Min.
-------------------------	----------------------------------	--	--	--	-------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE* (City and State or Foreign Country) <b>Augusta, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	--	---	---

13a. FATHER'S NAME <b>Louis Bergsicker</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Holke</b>	14. NAME OF HUSBAND OR WIFE <b>Henry W. Hagemeyer</b>
---	--	--

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>Harry Hagemeyer, Elm Point, Rd. St. Charles</b>	ADDRESS <b>St. Charles</b>
---	--	---	-------------------------------

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) <b>Embolism, pulmonary artery, bilat.</b>		<b>20 minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis, femoral veins</b>		<b>Unknown</b>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive and Arteriosclerotic Cardio-Vascular Disease</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>466X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **April 25, 1953**, to **May 6, 1953**, that I last saw the deceased alive on **May 6, 1953**, and that death occurred at **10:05A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Q. Reeves M.D.</b>	(Degree or title)	23b. ADDRESS <b>207 N. FIFTH ST. ST. CHARLES, MO.</b>	23c. DATE SIGNED <b>MAY 8 1953</b>
--	-------------------	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE* <b>May 9, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>May 8 1953</b>	REGISTRAR'S SIGNATURE <b>Francis Hammett</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Hammett</b>	ADDRESS <b>St. Charles, Mo.</b>
---	---	--	------------------------------------

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.....  
Signature of Student Embalmer

Signed *Clarence M. Billa*.....

Licensed Embalmer No. *4375*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.