

FILED APR 18 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15786

State File No. ....

1003  
1003

318

PRIMARY REG. DIST. NO.

Registrar's No. .... 3569

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019	
c. LENGTH OF STAY (In this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 7419 Tennessee	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bro.		1. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Hegemeier c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 2 1953
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Oct. 9 1887
9. AGE (In years last birthday) (Months) (Days) 65		10. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Gen. Am. Ins. Co.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Aug. Hagemeeier		13b. MOTHER'S MAIDEN NAME Dorothy Reichmann	
14. NAME OF HUSBAND OR WIFE Lydia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Lydia Hagemeyer		ADDRESS 7419 Tennessee	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES (b) Chronic glomerulo nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 592x			
22. I hereby certify that I attended the deceased from 3 Mar, 1953 to 2 Apr, 1953, that I last saw the deceased alive on Apr 2, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE John G. Keellets MD (Degree or title)		23b. ADDRESS 7602 S. Bway.	
23c. DATE SIGNED Apr 3/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-1953	
24c. NAME OF CEMETERY OR CREMATORY New Picker		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. APR 6 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan	

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

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

*Clarence P. Brown*

Licensed Embalmer No. 3093

P. O. Address 7178 Michigan

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.