

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH-

State File No. **37228**  
Registrar's No. **9930**

042

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9930</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>15 days</b>		c. CITY OR TOWN <b>Maplewood</b> <b>453</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>7450a Lyndover Pl.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMILY</b> b. (Middle) _____ c. (Last) <b>HAKEMEIER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 15, 1953</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-12-1888</b>		9. AGE (In years last birthday) <b>65</b>	10 UNDER 1 YEAR Months <b>1</b> Days <b>3</b>	11 UNDER 2 HRS. Hours <b></b> Min. <b></b>	
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>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Frederick H. Bergmann</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wagner</b>		14. NAME OF HUSBAND OR WIFE <b>Fred Hakemeier</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>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Fred Hakemeier, above</b> ADDRESS _____				
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) <b>Hypertensive G.U. Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Aneurysm</b> DUE TO (c) <b>Diabetes Mellitus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture Right Hip</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>10 yrs</b> <b>70 yrs</b> <b>15 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis</b> (COUNTY) <b>St. Louis</b> (STATE) <b>Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-1-53</b> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall at Home</b>		<b>260X</b>		
22. I hereby certify that I attended the deceased from <b>October 1, 1953</b> , to <b>October 13, 1953</b> , that I last saw the deceased alive on <b>October 13, 1953</b> , and that death occurred at <b>10:10 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>P. J. Neugel</b> (Degree or title) _____				23b. ADDRESS <b>567 North South Road</b>		23c. DATE SIGNED <b>10/17/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-19-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>OCT 19 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH, Maplewood, Mo.</b>				

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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.....  
Signature of Student Embalmer

Signed..... *W.P. Burgess*  
Licensed Embalmer No. *402*  
P. O. Address..... *Maple*

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.