

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1957

STATE FILE NUMBER **46576**
Registration District No. **317** Primary Registration District No. **641** Registrar's No. **3009**

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Concord Village		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co Hosp. DOA				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 12122 Cheryl Ct	
3. NAME OF DECEASED (Type or print) First Arthur Middle George Last Hagemann				4. DATE OF DEATH Month Nov Day 26 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 14th 1911	
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months 9 Days 12		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor				10b. KIND OF BUSINESS OR INDUSTRY Building Merterial		11. BIRTHPLACE (City and state or country) St Louis Co Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Christ Hagemann				14. MOTHER'S MAIDEN NAME Lizzie Schneider			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-10-5997		17. INFORMANT Mrs Laura Hagemann		Address 12122 Cheryl Ct Concord Village	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute anaphylactic shock DUE TO (b) Penicillin injection for infection DUE TO (c) allergy to penicillin PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute sinusitis							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2-3 minutes 5 minutes Less than 1 day					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3/21/57 to 11/26/57 and last saw him alive on 11/26/57 Death occurred at P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leo L. Shacker MD				22b. ADDRESS 9 Concord Center Drive St Louis 23		22c. DATE SIGNED 11/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 29 1957		23c. NAME OF CEMETERY OR CREMATORY Old St Johns Cem.		23d. LOCATION (City, town, or county) (State) Mehlville Mo.	
24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 11-30-57	
				26. REGISTRAR'S SIGNATURE Herbert B. Doncke MD			

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 *John S. Penn*.....
Licensed Embalmer No. *419*
P. O. Address *St. Louis*

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.