

THE DIVISION OF HEALTH AND WELFARE
STANDARD CERTIFICATE OF DEATH

58-034281
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9189

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Manchester 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 27 Dietrich Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last KENNETH O. HAGEMANN		4. DATE OF DEATH Month Day Year SEPTEMBER 22, 1958	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 15 1922
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Arthur Hagemann	14. NAME OF HUSBAND OR WIFE Katherine Hagemann
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 187-20-5812	17. INFORMANT Address Katherine Hagemann Rt 2 Manchester Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEPHROPATHY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GOUT DUE TO (c) 594x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UREMIC PERICARDITIS 1 WEEK			INTERVAL BETWEEN ONSET AND DEATH 16 YEARS ? 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20g. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from SEPT. 14, 1958 to SEPT. 22, 1958 and last saw her/him alive on SEPT. 22, 1958 Death occurred at 6:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. D. Vermillion, M.D.</i> M. D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 9/23/58		22d. PLACE SIGNED Creve Coeur Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-25-58	
23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery		23d. LOCATION (City, town, or county) (State) Creve Coeur Mo.	
24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo.		25. DATE RECD. BY LOCAL REG. SEP 24 '58	
26. REGISTRAR'S SIGNATURE <i>Paul Smith Mo</i> mgb.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Owners are to use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

Richard M. Bopp

Licensed Embalmer No.

4584

P. O. Address

Bellview, 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.