

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046778

STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3403

300
-57 4

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 Maline		c. CITY OR TOWN Jennings 4138	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Halls Ferry Mem Home		d. STREET ADDRESS 8722 Acacie Dr.	
Length of stay in 1b 4 mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) GERTRUDE HAGEDORN			4. DATE OF DEATH Month Dec. Day 26 Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME John Grentzel	13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE deceased	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. 489-05-8205	17. INFORMANT Alwin J. Hagedorn	Address 8722 Acacia	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	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.) H 200	20c. TIME OF INJURY Hour _____ 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 St. Louis, Missouri	21. I attended the deceased from July 19, 1958 to 12-26-58 and last saw her alive on 12-25-58 Death occurred at 11:09 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE M. N. Johnson M.D. (Degree or title)	22b. ADDRESS Ferguson Mo.	22c. DATE SIGNED 12-26-58	23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Dec. 29 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	24. FUNERAL DIRECTOR Bromschwigg and Son	ADDRESS W Elorissant 4746	25. DATE RECD. BY LOCAL REC. 12-29-58
26. REGISTRAR'S SIGNATURE Robert R. Blocker	27. (Licensed Embalmer's Statement of Reverse Side)	28. (Licensed Embalmer's Statement of Reverse Side)	29. (Licensed Embalmer's Statement of Reverse Side)	30. (Licensed Embalmer's Statement of Reverse Side)	31. (Licensed Embalmer's Statement of Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

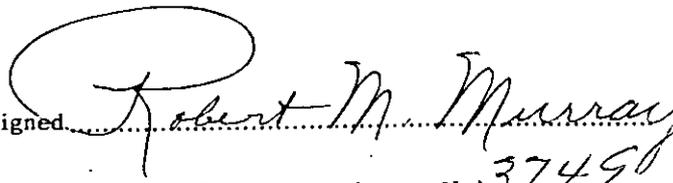
MEDICAL CERTIFICATION

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  Robert M. Murray

Licensed Embalmer No. 37490

P. O. Address St. Louis, 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.