JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 1 1960

60-024553
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6262

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 77 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 523 Wilmington Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: AUGUST Middle: W Last: HAGEMAN
4. DATE OF DEATH: Month: June Day: 17, Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-17-1883
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (City and state or country): St. Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: John Hageman
13b. MOTHER'S MAIDEN NAME: Elizabeth Werner
14. NAME OF HUSBAND OR WIFE: Anna Moeller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-09-2889
17. INFORMANT: Mrs. Anna Hageman Address: 523 Wilmington Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Septicemia ? — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pyleo nephritis — 2 yrs
DUE TO (c): Hypertrophied prostate 610 X — 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arthritis
Generalized Arteriosclerosis, old myocardial infarct, rheumatoid
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/31/58, to 6/17/60 and last saw her/him alive on 6/17/60
Death occurred at 6:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Max Sterkoff (Degree or title) M.D.
22b. ADDRESS: 512 Dover P., St. Louis, Mo.
22c. DATE SIGNED: 6/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-20-60
23c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Beiderwieden F.H.Inc. ADDRESS: 1936 St.Louis Ave
25. DATE RECD. BY LOCAL REG.: JUN 20 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.