N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAR 28 1935

Do not use this space.

10423

789

1. PLACE OF DEATH

County St. Louis — Registration District No. — File No.

Township Central — Primary Registration District No. 6033 — Registered No. 68

City (No. 1235 Purcell Ave. St. Ward)

2. FULL NAME Richard Hagemeier

(a) Residence, No. 1235 Purcell Ave. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15th 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (unemployed) salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Missouri

FATHER

13. NAME August Hagemeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Mrs Rose Hagemeier 1235 Purcell Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cem DATE March 4, 1935

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc 5466 Easton Ave

20. FILED 3-4-, 1935 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found dead at 3/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7PM m.

The principal cause of death and related causes of importance were as follows:

Fro m every evidence suicide, shot self thru head with 38 caliber revolver, bullet entering rt. temporal and tearing out above left ear. Masceration of brain,

Date of onset

Other contributory causes of importance:

multiply fracturing skull vault. Secondary: Hemorrhage and shock, caused by gun-shot wound thru head

Name of operation OVER Date of

What test confirmed diagnosis? Coroner's view Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury shot self with 38 caliber

Nature of injury revolver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify — 3/2/35

(Signed) [signature], M. D.

(Address) 3718 Jennings Rd

[signature]

Did this in his own garage.