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

Do not use this space.
27597

SEP 16 1935

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. 2625 a S Broadway (Hear St.) ..... Ward)

File No. 6635
Registered No. ..... District No. .....

2. FULL NAME Joseph H Hagenbrock Sr
(a) Residence, No. 2625 a S Broadway St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Hagenbrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paint factory
10. Date deceased last worked at this occupation (month and year): Retired 6 yrs.
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: Wm Hagenbrock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER
15. MAIDEN NAME: Rose Hemschmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Mary Hagenbrock 2625 a S Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS Peter & Paul DATE Aug 5 1935

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 S Broadway

20. FILED AUG 3 1935 19..... J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 1 1935

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..... to 8/1, 1935
I last saw him alive on 7/24 1935. Death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown
191	
Other contributory causes of importance: Hes E Prostatism	8/1/35
	3 yrs

Name of operation: None Date of .....
What test confirmed diagnosis: Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) G E Dines, M. D.
(Address) 707 So Broadway