

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

Do not use this space.

27852

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Bonhomme Twp. Primary Registration District No. 6031
 City (No. Kirkwood, Mo. R. 13, St. _____ Ward)

2. FULL NAME

Edward Hagemann

(a) Residence, No. Kirkwood, Mo. R #13 St. Mason Rd
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 7 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
 10. Date deceased last worked at this occupation (month and year) 7/14/36 11. Total time (years) spent in this occupation 30

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

FATHER 13. NAME John Hagemann,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

MOTHER 15. MAIDEN NAME Elizabeth Werner,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Mo.

17. INFORMANT (ADDRESS) Louis Hagemann Kirkwood, Mo. R. R. #13.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Des Peres, Mo. DATE July, 17, 1936

19. UNDERTAKER (ADDRESS) Schradler Funeral Home Goddard, Mo.

20. FILED 7-16- 1936 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15/36, 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 5 am m.

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

Felo De Ce, by hanging self by neck with rope, from rafters in barn, back of farm house, at Bonhomme Township. Patient being mentally depressed. Repeated attacks have been made of self-destruction, this time got up during night, went out into barn and made a successful job of termination.

Other contributory causes of importance: _____

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. 168

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Robert J. ... M. D.

(Address) 3718 Jennings Rd

Coroner, St. Louis Co., Mo.

ATTEST: 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.

Aug 25 1936

Found in AM when missed by his brother,
hanging in barn as above described.