

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

6968  
 Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH  
 (a) County Ballade Registration District No. 449  
 (b) Township Lebanon Primary Registration District No. 4267 Registered No. \_\_\_\_\_  
 (c) City Lebanon (d) Street No. Wallace Memorial Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME August H. Hagemeyer  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 5 11

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Street Car  
 9. Industry or business in which work was done, as saw mill, bank, etc. Builder  
 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) Germany

FATHER  
 13. NAME Dont Know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER  
 15. MAIDEN NAME Dont Know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Chas. F. Hagemeyer  
 (ADDRESS) 3450 A. Sidney St.

18. BURIAL, CREMATION, OR REMOVAL St. Louis, Mo  
 PLACE St. Louis DATE 2/14 39

19. FUNERAL DIRECTOR W. E. Halman  
 (ADDRESS) Schaeffer Mo

20. FILED 2-14-39 J. A. McComb  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 1939, to 2/12, 1939.  
 I last saw him... alive on 2/11, 1939. Death is said to have occurred on the date stated above, at 8:15 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of Hip (Trauma)  
Shocks  
Broncho Pneumonia  
 Date of onset 2/10

Other contributory causes of importance:  
Broncho Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 2/11, 1939  
 Where did injury occur? Highway 66, two way road  
 (Specify City or town, county, and State) Mo  
 Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury non-collision, car turned over  
 Nature of injury Fracture of Hip, Shocks

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. Summers, M. D.  
 (Address) Lebanon Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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.

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Geo Kreigler  
4100 Manchester

RECEIVED  
District Health Officer No. 7,  
District File Number 7-29-465  
Date Filed 3-14-39

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**