

Filed JUL 6 1942
Registration District No. 184

Primary Registration District No. 101

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. R. # 2 Box 615 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 2 Box 615, Clayton, Mo.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country Ø

3. (a) PRINT FULL NAME Virginia K. Hageman

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 39 years
Henry E. Hageman
7. Birth date of deceased August 12 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>10</u>	<u>17</u>hr.min.

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Louis P. Dielman

13. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Weber

15. Birthplace St. Louis Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry E. Hageman,

(b) Address R. R. # 2 Box 615 Clayton, Mo

17. (a) Burial (b) Date thereof 7-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Link & Olive

18. (a) Signature of funeral director. Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) JUN 29 1942 (b) C. E. McInerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Dec 27 1941 to June 29 1942
that I last saw her alive on 6-9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Summit of brain
(Recurrent) Migr

Due to.....
Due to.....
546

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. J. Ormalley (M. D. or other)

Address 671 E. Big Bend Date signed 6-29-42

STATEMENT BY LICENSED EMBALMER

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

Louis H. Boyd

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H. Boyd

Licensed Embalmer No. *921*

P. O. Address..... *Rickwood*

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.)

If this body is not embalmed, fact should be so stated above.