

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis.  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1512a St. Louis Ave. /  
(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 Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1512a St. Louis Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rose Hagenbrock.  
(b) If veteran, name war No. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
(b) Name of husband or wife Late Wm. Hagenbrock. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 30 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 5 24 hr. min.

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

10. Usual occupation Housework.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Joseph Henschmeier.  
13. Birthplace Unknown. (City, town, or county) (State or foreign country)  
14. Maiden name Unknown.  
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Helen Lyons.  
(b) Address 1512a St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43. (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hv. Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) MAY 25 1943 (Date of local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1943 hour 1:00 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 1-15-  
1943 to 5-22 1943;

that I last saw h. a alive on 5-22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Arteriosclerosis 5-year Duration

Due to Chr. Nephritis 5-year Duration

Other conditions (Include pregnancy within 3 months of death) 121

Major findings:  
Of operations ✓  
Of autopsy ✓

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 2  
23. Signature E. R. Winters (M. D. or other) DD  
Address 3700 - N. Grand Date signed 5-24-43

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

DeWentham  
3700 N. Grand

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 So. Lewis Ave.

**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.**