

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35720

LED OCT 19 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2291

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

76
8
3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home 7710 Harter Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 5 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7710 Harter Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mata Hagemeier

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race White

6. (a) Single, widowed, married. 2 divorced Widowed

6. (b) Name of husband or wife Gustave Hagemeier

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 8 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 19 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 6 1943 to Oct 10 1943 that I last saw her alive on Oct 8 1943 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------------|
| | <u>75</u> | <u>7</u> | <u>1</u> | <u>6</u> hr. <u>5</u> min. |

Immediate cause of death Chr. Myocarditis

Due to Senility

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Herman Meier

{ 13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Helweg Germany
(City, town, or county) (State or foreign country)

{ 15. Birthplace Germany
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Irving Hagemeier

(b) Address 7710 Harter Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Helen Rocklage

(b) Address 6536 Clayton Rd.

19. (a) OCT 13 1943 (b) [Signature]
(Registrar's signature)

Physician [Signature]

Underline the cause to which death should be charged statistically.

93d

23. Signature [Signature] (M. D. or other)
Address 6336 Clayton Road Date signed 10/11/43

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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. *Albert G. Hoppe*

Licensed Embalmer No. *2971*

P. O. Address.....

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.