

FILED JAN 11 1946
318

Registrar's No. **11713**

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5638a Roosevelt Place.
(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 **gov**

(c) City or town **St. Louis (20)**
(If outside city or town limits, write "RURAL")

(d) Street No. **5638a Roosevelt Place.**
(If rural, give location) **17/06**

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elizabeth Hagemann.**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **William Hagemann.**

6. (c) Age of husband or wife if alive **Dec'd** years

7. Birth date of deceased **November 29, 1863.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	1	2	hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Dont know.**

13. Birthplace **Dont know.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dont know.**

15. Birthplace **Dont know.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Walter Hagemann.**

(b) Address **1453 Blackstone Avenue.**

17. (a) **Burial** (b) Date thereof **1-3-1946.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zions Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**

(b) Address **5966-68 Easton Avenue.**

19. (a) **JAN 3 1946** (b) **J. F. Bradish**
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **31st.**
year **1945** hour **4** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec. 10.**
1945 to **Dec 31, 1945.**

that I last saw her alive on **Dec 31, 1945.**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary fibulation**

Duration _____

Due to _____

Due to **arteriosclerosis**

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

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **H. F. Bergman** (M. D. or other) **M. D.**

Address **3220 Washington** Date signed **1/2/46**

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

MOTHER FATHER

Dr. H.F. Bergemann.
3720 Washington Blvd.
Telephone Jefferson 6204
Hours

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.....

Licensed Embalmer No.....

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.