

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28315

State File No.

FILED AUG 27 1946

Registration District No. 367

Primary Registration District No. 6676

Registrar's No. 1730

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9911 Coventry Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 9911 Coventry Lane
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur W. Hageman

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hazel 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 18 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 28 hr. _____ min.

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

10. Usual occupation Jeweler

11. Industry or business _____

MOTHER, FATHER

12. Name Henry Hageman

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

14. Maiden name Kauffman

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

16. (a) Informant Hazel Hageman

(b) Address 9911 Coventry Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave

19. (a) 8-21-46 (Date received local registrar) (b) Edn. Ganan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from May - 1944
to Aug 16, 1946
that I last saw him alive on Aug 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary embolism and occlusion

Due to _____

Due to 94/6
Chr. cholecystitis

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration
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 P. H. Eshelich (M. D. or other)
Address 3606 Gravois St. St. Louis Date signed Aug 17, 1946

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

APR 2 1948

JUL 1 1947

FEB 7 1947

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 *Frank J. Swann*

Licensed Embalmer No. *2245*

P. O. Address *St Louis mo*

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.