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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

31788  
8295

**FILED OCT 7 1946**

**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**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:  
Christian Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No. 5539 Helen Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** RITA LAVINA HAGEMEIERS

(b) If veteran, name war no

(c) Social Security No. No

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept. day 26  
year 1946 hour 9.4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 22,  
1946, to Sept 26, 1946  
that I last saw her alive on Sept 26, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 22, 1946  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration

Patent Foramen Ovale  
benignital

Due to + enlarged Myoma

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy as above

**8. AGE:**

Years	Months	Days	If less than one day
		<u>4</u>	hr. _____ min.

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

10. Usual occupation None

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

12. Name Francis W. Hagemeyer

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

14. Maiden name Mary R. Gettys

15. Birthplace Harrisburg, Penna.  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis W. Hagemeyer

(b) Address 5539 Helen Ave.

17. (a) Burial (b) Date thereof 9/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E Grand Ave.

19. (a) SEP 26 1946 (b) J. F. Buddeck  
(Date received local registrar) (Registrar's signature)

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

(c) 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)

Means of injury \_\_\_\_\_

23. Signature J. D. [Signature] (M. D. or other) \_\_\_\_\_  
Address 2206 W. Journal Date signed 9/26/46

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

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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.

*Not Embalmed*  
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.**