No. 300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41506

BIRTH FILED DEC 21 1954 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (in this place): 1 YR 4 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2019
d. STREET ADDRESS (If rural, give location): 617 WILMINGTON 1

3. NAME OF DECEASED (Type or Print)
a. (First): ANTHONY
b. (Middle): H
c. (Last): HAGEDORN

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 8 1954

5. SEX: MO
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DECEMBER 29 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SALESMAN - WROUGHT IRON
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. LOUIS - MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ANTHONY HAGEDORN
13b. MOTHER'S MAIDEN NAME: ELIZABETH GROSSKETTLER
14. NAME OF HUSBAND OR WIFE: CATHERINE S. HAGEDORN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Bro. Roch, O.S.F. Jr. Joseph's Hill — ADDRESS: Inf. Ewalda

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CEREBRAL HEMMORHAGE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROTIC CARDIO
DUE TO (c): VASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
CARDIC CONGESTION

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1953, to 12/7, 1954, that I last saw the deceased alive on 12/7, 1954, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE: J. S. Marder MD (Degree or title): O
23b. ADDRESS: 4323 ROLAND DR. NORMANDY 21 - MO
23c. DATE SIGNED: 12/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 11, 1954
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
24d. LOCATION (City, town, or county) (State): Lemay, Missouri

DATE REC'D BY LOCAL REG.: 12/11/54
REGISTRAR'S SIGNATURE: Ruth Jirsa 438
25. FUNERAL DIRECTOR'S SIGNATURE: C. Hoffmeister Colonial Mortuary, Shippewa — ADDRESS: 6464

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
DEC 14 1954

DEC 22 1954

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed [redacted] J Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 2814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.