

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35495

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2310

| | | | |
|-----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u> | | c. CITY OR TOWN <u>Pine Lawn</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>26 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>4332 Oakwood Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4332 Oakwood Avenue</u> | | | |

| | | | | |
|-------------------------------------|---------------------------|-----------------------|----------------------------|------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Raymond</u> | b. (Middle) <u>W.</u> | c. (Last) <u>Hagemeyer</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 5 - 1955</u> |
|-------------------------------------|---------------------------|-----------------------|----------------------------|------------------------------------------------------------|

| | | | | | | |
|--------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------------|-------------------------------------------|----------------------------------------|-----------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>11 - 20 - 1903</u> | 9. AGE (In years last birthday) <u>51</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------------|-------------------------------------------|----------------------------------------|-----------------------------|

| | | | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printing Pressman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|

| | | |
|------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| 13a. FATHER'S NAME <u>Fred Hagemeyer</u> | 13b. MOTHER'S MAIDEN NAME <u>Laura Bender</u> | 14. NAME OF HUSBAND OR WIFE <u>Isabel Hagemeyer</u> |
|------------------------------------------|-----------------------------------------------|-----------------------------------------------------|

| | | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>489-01-3608</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Isabel Hagemeyer, 4332 Oakwood</u> |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------|

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|---------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal (liver) carcinomatosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Mos.</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma colon</u> | | | <u>8 Mos.</u> |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u> | | | |

| | | |
|------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION <u>May 29 '55</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Colon w metastasis. 1534</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|

| | | |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|

22. I hereby certify that I attended the deceased from May 12, 1955, to Oct 5, 1955, that I last saw the deceased alive on Oct 5, 1955, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

| | | |
|-----------------------------------------------------|--------------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>5427 Delmar Blvd</u> | 23c. DATE SIGNED <u>Oct 6 '55</u> |
|-----------------------------------------------------|--------------------------------------|-----------------------------------|

| | | | |
|---------------------------------------------------------|--------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/8/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |
|---------------------------------------------------------|--------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------|

| | | |
|-----------------------------------------|------------------------------------------|----------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>10/6/55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u> |
|-----------------------------------------|------------------------------------------|----------------------------------------------------------------------------------|

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

Dr. Robt. B. Bassett
5427 Delmar
Thur. until 11 PM

Fri. 1 - 4 PM

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Warren A. Carter*.....

Licensed Embalmer No. *35*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.