

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18735
STATE FILE NUMBER
4459

FILED JUN 7 1957
Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 4459

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>ST LOUIS</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		c. CITY OR TOWN <i>LEMAY</i> 4870	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ALEXIAN BROS Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>3715 ORIENT AVE</i>	
3. NAME OF DECEASED (Type or print) First <i>GEORGE</i> Middle <i>HENRY</i> Last <i>HAGEMANN</i>		4. DATE OF DEATH Month <i>MAY</i> Day <i>7</i> Year <i>1957</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APRIL-6-1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FARMING</i>	9. AGE (In years last birthday) <i>72</i>
13. FATHER'S NAME <i>THEO. HAGEMANN.</i>		11. BIRTHPLACE (City and state or country) <i>MATTHESS, Mo.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO NONE</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		14. MOTHER'S MAIDEN NAME <i>MARTHA ZELCH</i>	
17. INFORMANT <i>MR OSCAR HAGEMANN</i>		Address <i>7755 So ANSBURG LEMAY 23 Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Rheumatic heart disease</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <i>46x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 wk - 40 yrs -</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <i>-1955</i> to <i>death</i> and last saw <i>her</i> alive on <i>7 May 57</i> Death occurred at <i>7:55 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) <i>John G Kellett MD</i>		22b. ADDRESS <i>2314 Telegraph 58 St</i>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>MAY-11-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>OLD ST JOHNS REM.</i>	23d. LOCATION (City, town or county) (State) <i>MEHNVILLE, MISSOURI</i>
24. FUNERAL DIRECTOR <i>FEY FUNERAL HOME</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 10 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Service
300 0
1-55
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gustav W. Deuter*

Licensed Embalmer No. *4*

P. O. Address: *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.