

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38514

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2470

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ferguson</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1219 Hudson Rd.</b>		Length of stay in 1b <b>30 yrs.</b>		c. CITY OR TOWN <b>Ferguson 4009</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. STREET ADDRESS <b>1219 Hudson Rd</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First <b>Elizabeth</b> Middle <b>Johanna</b> Last <b>HAGELMAN</b>				Month <b>Oct.</b> Day <b>4</b> Year <b>1957</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 14, 1972</b>		
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13. FATHER'S NAME <b>Jacob Bach</b>				14. MOTHER'S MAIDEN NAME <b>Mary Wehmeier</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Howard H. Habelman, Ferguson, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Hypertensive Cardiovascular disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Unknown (over 5y)</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>443X</b>							INTERVAL BETWEEN ONSET AND DEATH	
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 <b>11:15 AM 59</b> to <b>4 Oct 57</b> and last saw her alive on <b>1 Oct 57</b> . Death occurred at <b>11:00 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Regina W. Hall MD</b> (Degree or title)				22b. ADDRESS <b>116 S. Florissant St</b>		22c. DATE SIGNED <b>40457</b>		
23a. BURIAL CREMATION, BENEFIT SOCIETY		23b. DATE <b>Oct. 7, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Louis City Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
24. FUNERAL DIRECTOR <b>WHITE CHAPEL, FERGUSON, MO.</b>			25. DATE RECD. BY LOCAL REG. <b>10-7-57</b>		26. REGISTRAR'S SIGNATURE <b>Norbert Blomke MD</b>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Elena Province

Licensed Embalmer No. 3403

P. O. Address Jennings, M

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.