DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41891

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 11014

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Barnes Hosp (Specify whether)
In this community 70 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5241a Palm St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Bagley 2141

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-07-5080

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Louise E. Bagley

6. (c) Age of husband or wife if alive ~~50~~ years

7. Birth date of deceased Dec (Month) 25 (Day) 1879 (Year)

8. AGE: Years 60 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Rochester (City, town, or county) New York (State or foreign country)

10. Usual occupation Boiler Maker

11. Industry or business Heine Boiler Works

MOTHER FATHER

12. Name Ferdinand Bagley

13. Birthplace _____ (City, town, or county) N.Y. State (State or foreign country)

14. Maiden name Magdalene Hooke

15. Birthplace _____ (City, town, or county) N.Y. State (State or foreign country)

16. (a) Informant's own signature Louise E Bagley

(b) Address 5241a Palm, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) DEC 26 1939 (Date received local registrar) (b) J F Bechtold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1939 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from 10-16, 1939, to 12-24, 1939; that I last saw him alive on December 24, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure, chr. myocarditis (2) Fever Lung
Bronchopneumonia (1) Fever Lung

Due to Arteriosclerosis 9 3 C

Due to _____

Other conditions Gas gangrene of rt. leg
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gas gangrene of leg

Of autopsy Ascites, hydrothorax, Bronchopneumonia, arteriosclerosis

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

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

(a) 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Gordon T. Morris (M.D. or other)
BARNES HOSPITAL

Address _____ Date signed 12-24-39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

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.

Signed Fred Frick

Licensed Embalmer No. 3186.

P. O. Address St. Louis Mo.

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

If this body is not embalmed, above space should be left blank.

No. 2
11-10-39
-17-39
X21492

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41891

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 11014

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 6
(If outside city or town limits write "RURAL")
(d) Street No. 5241a Palm St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Albert Bagley

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-5080

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise E. Bagley

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. (Month) 25 (Day) 1878 (Year)

8. AGE: Years 60 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Rochester (City, town, or county) New York (State or foreign country)

10. Usual occupation Boiler Maker

11. Industry or business Heine Boiler Works

FATHER
12. Name Ferdinand Bagley
13. Birthplace N. Y. State (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magdalene Hooks
15. Birthplace N.Y. State (City, town, or county) (State or foreign country)

16. (a) Informant Louise E. Bagley
(b) Address 5241a Palm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) Dec., 26, 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1939 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from October 16, 1939, to December 24, 1939; that I last saw him alive on December 24, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Bronchio-Pneumonia	
Due to Arterio-Sclerosis	
Due to Gangrene of leg, Rt.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Ascites, Hydrothorax, Bronchio-Pneumonia, Arterio-Sclerosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 12-24-39

(Licensed Embalmer's Statement on Reverse Side)

5-41891

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.

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, above space should be left blank.