

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

7641

Registration District No. 157

Primary Registration District No. 3036

Registrar's No. 255

1. PLACE OF DEATH:

(a) County. St. Charles  
(b) City or town. St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1304 N. Fifth Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether  
In this community. \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Martha Bagby

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced. Married  
7. Birth date of deceased June 14 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Charles County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant William Henry Bagby

(b) Address 1304 N. Fifth, St. Charles, Mo.

17. (a) Burial (b) Date thereof Feb. 3 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles

18. (a) Signature of funeral director N. C. Dellmeyer & Sons, Inc.  
(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 2-13-42 (b) Dwaine H. Alexander  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1304 N. Fifth St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30  
year 1942 hour 4 minute 11 A.M.

21. I hereby certify that I attended the deceased from January 19 1942 to January 30 1942  
that I last saw him alive on January 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to carcinoma of colon?

Due to \_\_\_\_\_

Other conditions generalized arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 George E. Foster (M. D. or other) M.D.

Address St. Charles, Mo. Date signed 2/10/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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.....

*John B. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address.....

*St Charles Mo*

**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, fact should be so stated above.**