681
S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 3888

FILED FEB 3 1943

Registration District No. 3183

Primary Registration District No. 1003

Registrar's No. 1105

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2Mos. 15Days (Specify whether
In this community 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. 1236 Goodfellow Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Frank Irwy Bagley

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Mildred Bagley.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 24, 1874.
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 7 | 8 | hr. min. |

9. Birthplace Selma, Alabama.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Furniture

11. Industry or business Salesman.

FATHER
12. Name Benjamin T. Bagley.
13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Prestridge.
15. Birthplace ? Alabama.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Bagley.
(b) Address 1236 Goodfellow Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Harrodsburg, Kentucky.

18. (a) Signature of funeral director Geo.L.Pleitsch, Inc.
(b) Address 5966-68 Easton Ave.

19. (a) FEB 3 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 1.
year 1943 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from November 17. 1943 to February 1. 1943
that I last saw him alive on February 1. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia.

Due to —

Due to —

Other conditions Empyema of chest
(Include pregnancy within 3 months of death)

Major findings:
Of operations Empyema of chest

Of autopsy

Duration: November 1942

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 Franz U. Steinberg O (M. D. or other) M.D.

Address 1515 Lafayette Avenue. Date signed 2/1/43

(Licensed Embalmer's Statement on Reverse Side)

## 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 3457 David C. Gibson, Registered Apprentice No. 246, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address 5966 Easton St.

**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.**