

FILED SEP 28 1945
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8135

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:
Missouri Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5510 Pershing Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Catherine Bagby

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daniel W. Bagby 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased October 11, 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 11 5 hr. min.

9. Birthplace Amarillo, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

12. Name Charles H. Carl

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

14. Maiden name Irene Easum

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

16. (a) Informant D. W. Bagby,

(b) Address 5348 Itaska Avenue

17. (a) Burial (b) Date thereof 9/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) SEP 19 1945 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 8-15-45 to Sept. 16, 1945
and that death occurred on the date and hour stated above.
that I last saw h. ex alive on September, 1945

Immediate cause of death Opening acute meningitis Duration 2-3 days
Due to 7

Due to 6
Other conditions 6
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmed diagnosis

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?

While at work? (Specify type of place) (e) Means of injury 6
23. Signature Parvaneh G. Orshadpour
Address 1927a N. Union Avenue Date signed 9/17/45

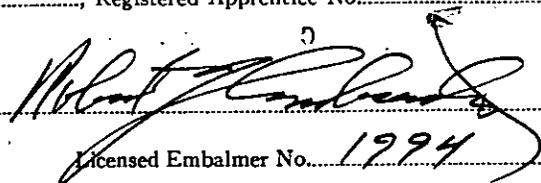
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 1994

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, fact should be so stated above.