

FILED MAR 1 1946

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
Peoples Hosp. S
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 29 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town 2518 Garrison 207
(If outside city or town limits, write "RURAL")

(d) Street No. 2518 Garrison
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY BAGWILL

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

4. Sex Male **5. Color or race** Cal **6. (a) Single, widowed, married, divorced** Married

6. (b) Name of husband or wife Omecja Bagwell **6. (c) Age of husband or wife if alive** 45 years

7. Birth date of deceased Aug 17 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>28</u>	hr. min.

9. Birthplace Montgomery Co Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Cigar

11. Industry or business Umar Electric

12. Name Berling Bagwell

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

14. Maiden name Mary Turney

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

16. (a) Informant Addie Bagwell Smith

(b) Address 2518 N Garrison

17. (a) Burial Berea **(b) Date thereof** 2 20 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director W. P. Richardson

(b) Address 2625 Glasgow

19. (a) Date received by registrar FEB 19 1946 **Registrar's signature** J. H. Bredeek

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 1946 hour 6:45 minute 15

21. I hereby certify that I attended the deceased from Jan 15 1946 to Feb 15 1946

that I last saw him alive on Feb 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Uremia
Broncho pneumonia with
Pulmonary Congestion
Chy. meningitis

Hypertrophy of Prostate
Gland

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Supra pubic Prostate

Of operations extensy - enlarged prostate

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? _____

While at work? _____ (Specify type of place) (e) Means of death _____

23. Signature S. R. Barrett (M. D. or other) _____

Address 2835 e. Coston **Date signed** 5-19-46

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

6160

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 *W. Richardson*
Licensed Embalmer No. *2928*
P. O. Address *City*

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.