

No. 300
10.48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2746
907

318

1009

Registrar's No.

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		d. STREET ADDRESS (If rural, give location) <u>312 W. Madison Ave.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>312 W. Madison Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Hagy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 4, 1900</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>48</u> <u>5</u> <u>24</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Union Electric</u>		11. BIRTHPLACE (State or foreign country) <u>Dexter, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Joseph Green Hagy</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Garner</u>			14. NAME OF HUSBAND OR WIFE <u>Josephine</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>494-07-2109</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Hagy</u>				ADDRESS <u>312 W. Madison Ave.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Salivular distal 1/5 of ileum</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Diverticuli of ileum</u> DUE TO (c) <u>diverticuli</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>2 Mo</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>19 1/2 mo</u>											
19a. DATE OF OPERATION <u>1-26-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Salivular - Enlarged spleen</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP _____		21d. COUNTY _____		21e. STATE _____			
21f. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>1-12-</u> , 19 <u>49</u> , to <u>1-28-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-28-</u> , 19 <u>49</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>D. B. Rasater, M.D.</u>				23b. ADDRESS <u>19 E. Lockwood Ave., W. G.</u>			23c. DATE SIGNED <u>1-29-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-30-1949</u>		24c. NAME OF CEMETERY OR CREMATORY _____			24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>JAN 31 1949</u>		REGISTRAR'S SIGNATURE <u>D. B. Rasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jay B. Smith 7456 Manchester Rd.</u>						

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

H. P. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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.