

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10217
State File No. 2715

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, Mo.		a. STATE MISSOURI b. COUNTY		
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3057 th FAIR AVE. 15		d. STREET ADDRESS (If rural, give location) 3057 th FAIR AVE. 15		
3. NAME OF DECEASED (Type or Print)		a. (First) MARY	b. (Middle) A.	c. (Last) JAGGIE
4. DATE OF DEATH		5. SEX FEMALE		
(Month) (Day) (Year) MARCH 24 th 1949		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH FEB. 3 RD 1874		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DAN DONNELLY		13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE LATE WILLIAM M. JAGGIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. WALTER FORSBERG, 3057 th FAIR AVE.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Feb 21, 1948		
ANTECEDENT CAUSES		Arteriosclerosis		Feb 1948
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from March 5, 1949, to March 24, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 2:04 p. m., from the causes and on the date stated above.		
23a. SIGNATURE Emmett D. Dymally (Degree or title) M.D.		23b. ADDRESS 3802 N. Grand St.		23c. DATE SIGNED 3-25-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-28-49		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		24f. ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BL.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

Mr. 0983

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.

Student
Student Embalmer

Signed *John A. Munnis*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.