

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21101

State File No. ....

4906

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) a. STATE <b>Missouri</b> b. COUNTY <b>Mad</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4742 St. Louis Ave.</b>				d. STREET ADDRESS (If rural, give location) <del>77</del> <b>4742 St. Louis Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>A.</b> c. (Last) <b>Hagerty</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1949</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 20, 1882</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <b>Sales manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Epstein Chev. Co</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>	
13a. FATHER'S NAME <b>Luke Hagerty</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Brew Hagerty</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-05-0478</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nellie Hagerty-4742 St. Louis</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Degenerative Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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) <b>9 20</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>42 22</b>			
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>46</b> , to <b>6-4</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>6-4</b> , 19 <b>49</b> , and that death occurred at <b>7 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arthur A. Deak, M.D.</b>				23b. ADDRESS <b>7216 Walnut Blvd.</b>		23c. DATE SIGNED <b>6-6-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/7/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 6 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lacater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral - 1905 Union Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Albert A. Denk (10-12)  
7216 Natural Bridge

**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 Warren A. Carver

Licensed Embalmer No. 3534

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.