

FILED JUN 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5034

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1601 Washington Blvd.		d. STREET ADDRESS (If rural, give location) 2907 N. Grand Blvd. 0	

3. NAME OF DECEASED (Type or Print) James Watson Haggerty			4. DATE OF DEATH (Month) (Day) (Year) June 5. 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 21 1909		9. AGE (In years last birthday) 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Window washer		10b. KIND OF BUSINESS OR INDUSTRY Aetna Cleaning Co.		11. BIRTHPLACE (State or foreign country) Ireland. ✓	

13a. FATHER'S NAME James Haggerty	13b. MOTHER'S MAIDEN NAME Unknown Watson	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	16. SOCIAL SECURITY NO. 023-03-2759	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rena St. Clair	ADDRESS 2907 N. Grand Ave
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Traj skull; Laceration of brain suffered about 8:20 am June 5 1950 when deceased fell from ledge of window on 2nd floor of building at 1601 Washington Blvd., while working.		INTERVAL BETWEEN ONSET AND DEATH
	2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) None		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 000	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) RUCIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY June 5 50 8:20 A.M.	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 _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor 3 Coronet	(Degree or title)	23b. ADDRESS 1300 Clear	23c. DATE SIGNED 6-7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 9. 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. JUN 8 1950	REGISTRAR'S SIGNATURE J. B. Parson	25. FUNERAL DIRECTOR'S SIGNATURE Rensel M. ...	ADDRESS 1431 Union Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Shelf

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 me

working under my personal supervision.

Student Embalmer No.

Signed

William S. DeGard

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles 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.