

JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22080**
Registrar's No. **5433**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and township) St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and township) St. Louis 225	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 221 1/2 So. B'way	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) JUNE 7-52	
3. NAME OF DECEASED (Type or Print) Haggerty		b. (Middle) c. (Last)	
5. SEX U	6. COLOR OR RACE Mal. Irish	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH SEPT 29-1886
9. AGE (In years: last birthday) 65	10. KIND OF BUSINESS OR INDUSTRY OOD JOBS.	11. BIRTHPLACE (State or foreign country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME **CHARLES J. HAGERTY** 13b. MOTHER'S MAIDEN NAME **ELIZABETH WARD** 14. NAME OF HUSBAND OR WIFE **ANNA UTTERBACK**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **UNKNOWN**
 16. SOCIAL SECURITY NO. **UNKNOWN** 17. INFORMANT'S SIGNATURE OR NAME **Father Connor** ADDRESS **2331 Muller**

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH
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 NO

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

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 **8:24 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl Smith** (Degree or title) **3** 23b. ADDRESS **1300 Elm St** 23c. DATE SIGNED **6/7/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **JUNE 13-52** 24c. NAME OF CEMETERY OR CREMATORY **GALVARY** 24d. LOCATION (City, town, or county) (State) **ST LOUIS MO**

DATE REC'D BY LOCAL REG. **JUN 13 1952** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Bullen Kelly** ADDRESS **4386 Lindell**

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

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 _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.