No. 300
10.48

FILED JUL 26 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24728

BIRTH NO. 27556-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6177

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2209 20 1831a N. 22nd, Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): CAROL
b. (Middle): ANN
c. (Last): JAGGIE

**4. DATE OF DEATH** (Month) (Day) (Year): July 6-1954

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): 0

**8. DATE OF BIRTH**: March 24th, 1954

**9. AGE** (In years last birthday): If under 1 year: Months 3, Days 12; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): —

**10b. KIND OF BUSINESS OR INDUSTRY**: —

**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo., 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Robert Jaggie

**13b. MOTHER'S MAIDEN NAME**: Vivian Governal

**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): — (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: —

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Vivian Jaggie, 1831a N. 22nd Street

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Interstitial Pneumonitis

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 ☒ 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 ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**: 491 X

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 10:17 p.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Patrick E. Taylor Coroner

**23b. ADDRESS**: 1300 Clark

**23c. DATE SIGNED**: 7.8.54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: July 9th, 54

**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Louis., Mo.,

DATE REC'D BY LOCAL REG. JUL 8 1954

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Leidner Undertaking Co., 2223 St. Louis Av.

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Wm Buckley.....

Licensed Embalmer No. 36-

P. O. Address St Louis 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.