URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7847

STATE FILE NUMBER -60-031831

NDED

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, give TOWNSHIP only) OR TOWN St. louis — Length of stay in 1b 3 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Lukes Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 18 S Kingshighway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First VIRGINIA Middle Last BAGBY

4. DATE OF DEATH Month Aug 7 Day Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH 12/15/1869

9. AGE (last birthday) 91 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY School Teacher

11. BIRTHPLACE (City and state or country) Wright City Mo.

12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Henry Clay Bagby

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO. no

17. INFORMANT Address Dr Jas Bagby, 110 S Central--Clayton Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Atelectasis, left lower lobe. — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Post operative. — 2 days

DUE TO (c) Fracture, intertrochanteric, right femur. — 3 days

Paul J Simon Deputy Coroner 8-9-60.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 904.7 -45

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at White Oak. Nursing Home.

20c. TIME OF INJURY Hour a.m. p.m. 8 Month, Day, Year 8 4 60

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 35

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Nursing Home

20f. CITY, TOWN, OR LOCATION St Louis County — COUNTY — STATE Mo.

21. I attended the deceased from August 4 1960 to August 8 1960 and last saw her/him alive on August 8 1960

Death occurred at 7:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vil P. Bl[illegible] M.D.

22b. ADDRESS 100 N. Euclid

22c. DATE SIGNED 8-8-60.

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation

23b. DATE AUG 9 1960

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory

23d. LOCATION (City, town, or county) St. Louis Co Mo. (State)

24. FUNERAL DIRECTOR Louis H Bopp Inc — ADDRESS Kirkwood Mo

25. DATE RECD. BY LOCAL REG. AUG 9 1960

26. REGISTRAR'S SIGNATURE Carl Smith M.D.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Francis J Wyland Jr

Signature of Student Embalmer

Licensed Embalmer No. 4572

P. O. Address Kirkwood, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.