

REC'D MAR 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

4946
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
(b) Township..... Primary Registration District No. **City Hospital #1**
(c) City **St. Louis** (d) Street No. **City Hospital #1** Registered No. **1591** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Elizabeth B. Hagerty, 263**

(a) Residence, No. **2504 W. Sullivan Ave.** St. **20** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John B. Hagerty,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 16, 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **Daniel Kelly**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Salina Newell**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Mr. Ralph W. Stein Koberg Drive Route 3**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Feb. 15, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Gullinane Brothers 1710 N. Grand Blvd.**

20. FILED **FEB 14 1938** **J. F. B. [Signature]**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 13, 1938**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on **Feb. 13**, 19**38**, to....., 19..... Death is said to have occurred on the date stated above, at **12:30 A.M.**
The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Enlargement of Heart
Myocardial insufficiency
Coronary artery disease
Other contributory causes of importance: **75**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **no**
(Signed) **B. W. Maxwell**, M. D.
(Address) **St. Louis City Hospital**

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.)