

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 100827396
Do not use this space.

7410

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis, Mo. (d) Street No. Sullivan & Vandventer Ave. St.
 (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 Elmer Bagnall 354

(a) Residence, No. 4028a Sullivan Ave. St. 10 (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Bagnall		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21st. 1888		
7. AGE 49	YEARS 10	MONTHS 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		Accountant
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
13. NAME Harry C. Bagnall		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
15. MAIDEN NAME Athilia Saettle		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
17. INFORMANT (ADDRESS) Jeanne Bagnall 4028a Sullivan Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Graves, Cal. Co. DATE Aug 23, 1938		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner U. Co. 1417 N. Market St.		
20. FILE AUG 22 1938 J. B. Brudick Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 19-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **10:40 P.M.**

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to fracture of skull and laceration of lung by fractured ribs, suffered when Chevrolet Coach driven by deceased was struck by Ford Coach driven by Alfred Casper, about 10:40 P.M. August 19, 1938 at intersection of Sullivan and Vandventer Ave.

Other contributory causes of importance:

What test confirmed diagnosis? **1** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **8/19, 1938**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place **Public place**

Manner of injury **See above**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify **4**

(Signed) **W. P. Adley** M. D.
(Address) **Crown**

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

Registered Apprentice No., working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *3223 St. Louis Ave*

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, above space should be left blank.