

WHITE PRINT, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AR 17

1939 APR 7 1939

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

12332
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Rook Hill Village Primary Registration District No. 119

(c) ~~City~~ Webster Groves R.R. 5 (d) Street No. Warson Road 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 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Wallace Bagent

(a) Residence, No. R. R. 5, Webster Groves St. (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 Husband of Sarah Jane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1956

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>82</u>	<u>3</u>	<u>22</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance Man

9. Industry or business in which work was done, as saw mill, bank, etc. Tan Factory

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Salem, Illinois

FATHER

13. NAME John Bagent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Louis Good
R.R. 5 Webster Groves, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsfield, Ill. 3/18/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. W. McLaughlin
2301 Lafayette

20. FILED MAR 17 1939 R. Meyers Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1939, to Mar. 16, 1939

I last saw him alive on Mar. 16, 1939. Death is said to have occurred on the date stated above, at 8:50 PM.

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

Carcinoma of Bladder (Urinary)

Other contributory causes of importance: Chronic Myocarditis
Chronic Hypertensive Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy Was there an autopsy? No

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? No

If so, specify _____

(Signed) Paul E. Guston M. D.
(Address) Webster Groves, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 L. D. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.