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

40878
Do not use this space.

1. PLACE OF DEATH
(a) County 791 1 0 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 10649
(c) City St. Louis (d) Street No. Deaconess Hospital 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 Daggett (Unnamed) 2nd twin 7
(a) Residence, No. 4623 Bircher St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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. 0

FATHER
13. NAME Russell Arthur Daggett 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Helen Martha Shank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wytheville Va.

17. INFORMANT (ADDRESS) Father Russell Daggett 4623 Bircher, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 12-27-40, 19

19. FUNERAL DIRECTOR (ADDRESS) Ira Hamilton City Health Dept.

20. FILED DEC 26 1940, 19 J. H. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1940, 5:20 A.M. to 7:40 A.M.
I last saw him alive on Nov. 30, 1940 Death is said to have occurred on the date stated above, at 7:40 A.m.
The principal cause of death and related causes of importance were as follows:

Prematurity
6 mos gestation

Date of onset

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis all tests 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) Henry J. Pingo, M. D.
(Address) 634 N Grand.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)