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FILED APR 21 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **8857**  
Registrar's No. **2267**

Registration District No. **791A** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Howard M. Pagett  
3. (b) If veteran, name war No. 3. (c) Social Security Ill-07-2608

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cumie Catherine 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased Nov. 20 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 3 21 hr. min.

9. Birthplace Cheney / Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business Oil Co.

12. Name Ava H. Pagett

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie McCoy

15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard Pagett

(b) Address Wichita, Kansas

17. (a) Removal (b) Date thereof 3/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAR 11 1941 (b) J. W. Brueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Sedgwick  
(c) City or town Wichita  
(If outside city or town limits, write "RURAL")  
(d) Street No. 350 Eo. Minnesota  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/11/41 year \_\_\_\_\_ hour 3:30 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from 3-7-41 to 3-11-41  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Abcess of Brain (Colon Bacillus) Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations Abcess of Brain PHYSICIAN \_\_\_\_\_  
Of autopsy Abcess of Brain Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature A. M. Raymond (M. D. or other) \_\_\_\_\_  
Address Frank Auto Body Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

179

999  
NR4  
2

MOTHER FATHER

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**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 *Albert G. Hopper*

Licensed Embalmer No. *2471*

P. O. Address.....

**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, fact should be so stated above.**