

FILED JUL 31 1943

Registration District No. 377

Primary Registration District No. 0063

Registrar's No. 1716

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Co. Hosp  
(c) Name of hospital or institution Clayton  
(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 Floyd Bagwell

3. (b) If veteran, name war No 3. (c) Social Security No 491-16-5747

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 27, 1926  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>10</u>	<u>27</u>	hr. _____ min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

12. Name Albert Bagwell  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Gore  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ted Bagwell  
(b) Address 5974 Kennerly Ave.,

17. (a) Burial (b) Date thereof July 28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell Hill, Ill.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) JUL 28 1943 (b) C. E. McLawrence  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 5974 Kennerly Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1943 hour 9.30 minute P.M. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death While driving a motor cycle that collided head-on with a truck on a public highway.  
Due to highway.

Due to Multiple lacerations, contusions & abrasions; Fractured skull; Head completely crushed; Multiple compound

Other conditions skull; Head completely crushed; Multiple compound  
(Include pregnancy within 3 months of death)  
Major findings: fracs. of arms.

Of operations \_\_\_\_\_  
Of autopsy Yes. 1706-4-32

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 117  
(b) Date of occurrence July 24, 1943  
(c) Where did injury occur? 9500 block Page Ave.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Louis H. Gage (M. D. or other)  
Address Kirkwood, Mo. 7-26-43 Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Bopp  
Bopp

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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 John M. Meyer  
Licensed Embalmer No. 37-88  
P. O. Address Kirkwood Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**