

**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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis **96**  
(c) City or town Pine Lawn **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3650 Oakdale Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) **1**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Helen Martha Daggett

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, separated Separated

6. (b) Name of husband or wife Russell Daggett 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June 2, 1919  
(Month) (Day) (Year)

8. AGE: Years 27 Months 2 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name Oliver Shank

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

14. Maiden name Isabel Ely

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

16. (a) Informant Oliver Shank

(b) Address 3650 Oakdale Ave.

17. (a) Burial (b) Date thereof Sep. 2, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Calvin F. Feutz  
(b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 1 1946 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 30  
year 1946 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to Aug 30 1946  
that I last saw her alive on Aug 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Postpartum hemorrhage immediately following birth of a baby at full term. Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 1 Hr  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None **PHYSICIAN**  
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? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature Henry J. King, M.D. (M. D. or other)  
Address 634 W. Grand Date signed Aug 30 1946

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

7  
9

---

---

**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 *Rolph John Minar*

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo

**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.**