

No. 2  
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-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41882

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 3503

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days)

In this community 57 years

3. (a) PRINT FULL NAME Minnie C. Hagey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Lewis Hagey, Dec.

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

7. Birth date of deceased April 11 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>2</u>	hr. _____ min.

9. Birthplace Elkdale, Chester Co., Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name James E. Newell

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

14. Maiden name Annie Carrigan

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

16. (a) Informant Jay G. Hagey

(b) Address 811 Glenridge, Clayton, Mo.

17. (a) burial  
(Burial, cremation, or removal)

(b) Date thereof Dec. 16, 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander Bond

(b) Address 6175 Delmar

19. (a) 12-17-46  
(Date received local registrar)

(b) Ruth J. Allen  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5618 Clemens  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 13 day  
year 1946 hour 9: minute 45 P. M.

21. I hereby certify that I attended the deceased from 1935  
19 to December 18, 1946  
that I last saw her alive on December 13, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Coronary atherosclerosis  
accidental myocardial infarction  
cardiovascular renal

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Duration  
30 hrs  
10 yrs

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

(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)

(e) Means of injury \_\_\_\_\_

23. Signature Ruth J. Allen (M. D. or other) hio

Date signed 12-17-46

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

MOTHER FATHER

On Fred Lett.

1-3 PM

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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

*Thomas H. Benwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmas*

**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. |