No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17612

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4955

1. PLACE OF DEATH:
(a) County: St. Louis Mo
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: #9 No. Bayle (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James Hagerty
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, divorced: D
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (Month) (Day) AA 1886 (Year)

8. AGE: Years 62 | Months | Days | If less than one day: hr. min.
9. Birthplace: (City, town, or county) Ark (State or foreign country) Ark
10. Usual occupation: Ark
11. Industry or business: Ark
MOTHER FATHER
12. Name: Ark
13. Birthplace: (City, town, or county) Ark (State or foreign country) Ark
14. Maiden name: Ark
15. Birthplace: (City, town, or county) Ark (State or foreign country) Ark
16. (a) Informant: Thos. F. Hagerty
(b) Address: 300 Ark
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof: MAY 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Anatomical Board
18. (a) Signature of funeral director: Rowland Mortuary Service
(b) Address: 4104 Manchester Ave.
19. (a) MAY 31 1948 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1948 hour 8 minute 27 A.M.
21. I hereby certify that I attended the deceased from May 31, 19..., to ..., 19..., that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death:	
Due to: Chronic Myocarditis	
Due to: Interstitial Nephritis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Yes

PHYSICIAN — Underline the cause of 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 means of injury)
23. Signature: Arthur E. Hayes M. D. or other
Address: Date signed: 1/4/49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W. Henson

Licensed Embalmer No. 3781

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.