FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 24968

FILED AUG 13 1948

Registration District No. 397

Primary Registration District No. 6076

Registrar's No. 7616 d.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ellendale Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8941 Pallardy Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Ellendale Park
(If outside city or town limits, write "RURAL")
(d) Street No. 8941 Pallardy Lane
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eugene M. Bagby
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 494 05 2961
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lyda White Bagby
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Sept (Month) 19 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
47	7	7	hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Store Keeper
11. Industry or business
FATHER
12. Name James Bagby
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Comfort
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Lyda Bagby
(b) Address 8941 Pallardy Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7)29)48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Colliers Funeral Home
(b) Address 10123 St. Charles Rd.
19. (a) 7-28-48 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, year 1948 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(e) While at work? (f) By means of injury
23. Signature Cecil A. Sharp (M. D. or other)
Address Commissioner of Health Date signed 7-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY IN INK

SEP 30 1948

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charle

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.