

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2245

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 114

2009

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2851 a HENRIETTA</u>		d. STREET ADDRESS (If rural, give location) <u>2851 A HENRIETTA</u>	

3. NAME OF DECEASED (Type or Print) <u>ARCHIE EARL BAGENT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-50</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-6-1892</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CITY</u>		11. BIRTHPLACE (State or foreign country) <u>ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HENRY BAGENT</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH J GERTEN</u>		14. NAME OF HUSBAND OR WIFE <u>IRENE BAGENT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IRENE BAGENT 2851A HENRIETTA</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic endocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yr.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of the liver</u>			<u>6 mo</u>
		DUE TO (c) <u>Chronic Nephritis (with dropsy)</u>			<u>1 yr.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>124th</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5810</u>
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22. I hereby certify that I attended the deceased from 1-3, 1950, to 1-5, 1950, that I last saw the deceased alive on 1-3, 1950, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter F. Abell M.D.</u> (Degree & title)		23b. ADDRESS <u>2253 No 39th</u>		23c. DATE SIGNED <u>1-5-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
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DATE REC'D BY LOCAL REG. <u>JAN 6 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] 3125 Lafayette</u>	
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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.....

....., Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Joseph B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave.*

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.