

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10325

FILED APR 5 1950

State File No. 2883

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. \_\_\_\_\_ REGISTRAR'S NO. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>ST. LOUIS</u> c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE SANITARIUM</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>  d. STREET ADDRESS (If rural, give location) <u>24 1954 Cherokee</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>ANTHONY</u> b. (Middle) _____ c. (Last) <u>DAGNE</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 27, 1950</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>JUNE 7 1883</u>
<b>9. AGE</b> (In years) (Months) (Days) (Hours) (Min.) <u>66</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>CLERK</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>KELLY INK CO</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>ST. LOUIS MO</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> _____		<b>13. FATHER'S NAME</b> <u>DAGNE</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>ELIZABETH BAUMBARTER</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>CAROLINE DAGNE</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>CAROLINE DAGNE 1954 Cherokee</u>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arteriosclerotic Heart Disease</u>  ANTECEDENT CAUSES Generalized Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4-200</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____		<b>22. I hereby certify that I attended the deceased from</b> <u>Nov. 29, 1948</u> , to <u>Mar. 26, 1950</u> , that I last saw the deceased alive on <u>Mar. 26, 1950</u> , and that death occurred at <u>9:50pm.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <u>Paul T. Hartman MD</u>		<b>23b. ADDRESS</b> <u>5400 Arsenal St.</u>	
<b>23c. DATE SIGNED</b> <u>3/27/50</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	
<b>24b. DATE</b> <u>MAR. 29 1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>NEW ST. MARCUS</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST. LOUIS MO.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Thomas Kutis 2906 Seaver</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>MAR 27 1950</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Laster</u>	

(Second Embroider's Signature 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4347

P. O. Address 2406 Graves

**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.