No. 300
10.48

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

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15462

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 862

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (In this place): 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Vet. Adm. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 3240 Helen Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): L.
c. (Last): STAGGS

4. DATE OF DEATH (Month) (Day) (Year): APRIL 2, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 4/20/13
9. AGE (In years last birthday): 36 — If under 1 year: Months 11, Days 12 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Barry, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE STAGGS
13b. MOTHER'S MAIDEN NAME: STELLA MAE HAYES
14. NAME OF HUSBAND OR WIFE: GENEVIEVE E. STAGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC LEUKOSARCOMA — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 200.2
20. AUTOPSY? YES [X] NO [ ]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

VA

22. *I hereby certify that I attended the deceased from* 3/5, 1950, *to* 4/2/, 1950 *and that death occurred at* 10:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph F. Costello (Degree or title) M.D.
23b. ADDRESS Vet.Adm.Hosp., Jeff Brks., Mo.
23c. DATE SIGNED 4/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-3-50
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Hanibal, Missouri

DATE REC'D BY LOCAL REGISTRAR: APR 3 1950
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1950

OCT 31 1959

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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.