S. No. 300
v. 10.48

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

DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39983

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10265

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3400 So. Grand

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) St. Louis 2229
d. STREET ADDRESS (If rural, give location) 918 Morrison

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) c. (Last) Blagg
4. DATE OF DEATH (Month) Nov. (Day) 5, (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Aug. 2, 1880
9. AGE (In years at last birthday) 72 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman
10b. KIND OF BUSINESS OR INDUSTRY Stationary Engineer
11. BIRTHPLACE (City and State or Foreign Country) Washington Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME David Blagg
13b. MOTHER'S MAIDEN NAME Unknown Berry
14. NAME OF HUSBAND OR WIFE Margaret
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ancel Wickham, Tuscola, Ill.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Type unknown — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age - Arteriosclerotic Heart Disease — 7 yrs.
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
20. AUTOPSY? YES ☐ 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) St. Louis (COUNTY) Mo. (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? 4200

22. I hereby certify that I attended the deceased from Sept, 1952, to Nov 5, 1952, that I last saw the deceased alive on Nov 5, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 539 N. Grand
23c. DATE SIGNED 11/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-6-52
24c. NAME OF CEMETERY OR CREMATORY Catholic
24d. LOCATION (City, town, or county) Festus, Mo. (State)

DATE REC'D BY LOCAL REG. NOV 7 1952
REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Funeral Home, Festus, Mo.
(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.....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4138

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.