

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14402

BIRTH NO. 10759-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 905

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Mary's Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>Keith</u> c. (Last) <u>Bagley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Mar. 3, 1954</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (In years last birthday) <u>14</u> if UNDER 1 YEAR Months <u>14</u> Days <u>14</u> if UNDER 12 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY. <u>USA</u>	
13a. FATHER'S NAME <u>Everett Bagley</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Bagley, 2017a South 8th. St. Louis, Mo</u> ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atresia of Pulmonary Artery</u> INTERVAL BETWEEN ONSET AND DEATH <u>Birth</u> 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 <u>7546</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-3-1954</u> , to <u>4-15-1954</u> , that I last saw the deceased alive on <u>4-15-1954</u> , and that death occurred at <u>12:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. P. Lynxwiler M.D.</u> (Degree or title) <u>C. P. Lynxwiler MD</u>		23b. ADDRESS <u>6420 Clayton Rd</u>	
23c. DATE SIGNED <u>4-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-16-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-16-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home, Inc.</u>		ADDRESS <u>2301 Lafayette, St. Louis 4, Missouri</u>	

330 (Licensed Embalmer's Statement on Reverse Side)

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

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 _____

H. G. Farris

Signed.....

Student Embalmer

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.