

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28753
State File No. 7309
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis, St.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital # 1		e. STREET ADDRESS (If rural, give location) 21 5534 Olive St.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS (AKA LEWIS) b. (Middle) c. (Last) BARGEON		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 4, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20, 1876
9. AGE (In years last birthday) 78	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Ill. Health	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Patrick Bargeon	13b. MOTHER'S MAIDEN NAME (UNKNOWN)	14. NAME OF HUSBAND OR WIFE Lillian Bargeon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Lillian Bargeon, 1811 So. 14th St. ADDRESS.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Heart Disease 18 hours	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Generalized Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pyelonephritis			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE 0	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR None 4200		

22. I hereby certify that I attended the deceased from 7-31, 1954, to 8-4, 1954, that I last saw the deceased alive on 8-4, 1954, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas H. Workman M.D.		23b. ADDRESS 1515 Lafayette	23c. DATE SIGNED 8-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 8-7-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

DATE REC'D BY LOCAL REG. AUG 6 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppa 4700 Washington.	
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(Licensed Embalmer's Statement on Reverse Side)

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

YS MAR 26 1962

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *37491*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.