

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31044
 Do not use this space.

1. PLACE OF DEATH **St. Louis, Mo.** (REGD OCT 12 1933) / Registration District No. **1003**
 (a) County / Primary Registration District No. **De Paul Hospital**
 (b) Township / Registered No. **8481**
 (c) City **St. Louis, Mo.** (d) Street No. **325** (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred **65** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Agnes Fitzhenry**
 (a) Residence, No. **3417 A Keokuk Str** St. **16** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (in the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Fitzhenry**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 65 Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **10 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

FATHER 13. NAME **Daniel Foley**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Daniel Fitzhenry**
 (ADDRESS) **3417 A Keokuk Str.**

18. BURIAL, CREMATION, OR REMOVAL **Calvary** DATE **Sept. 30, 1938**

19. FUNERAL DIRECTOR (NAME) **Wm. C. Moydell**
 (ADDRESS) **1926 Allen Ave**

20. FILED **SEP 28 1938** **J. Brebeck** Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 27 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 13 1938** to **Sept 27 1938**. I last saw him alive on **Sept 26 1938**. Death is said to have occurred on the date stated above, at **7:30 a.m.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset **9/13/38**
Hypertensive Cardiovascular disease.
 Other contributory causes of importance: **Pneumonia (Right)** **9/23/38**
Statis. Indur.
Right Fallopian

Name of operation **Lot** Date of **20**
 What test confirmed diagnosis? **Lot** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Wm. C. Moydell** M. D.
 (Address) **Union Club Bldg**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen Ave*

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, above space should be left blank.