4

REC'D FEB 10 1939

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

546
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. 791

(b) Township ..... 1 Primary Registration District No. 1003 Registered No. 546

(c) City St. Louis (d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 512 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Agnes Gambos

(a) Residence, No. 615 Wilmington ave. St. [1]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 20, 1877

7. AGE: Years 61 Months 8 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 7

FATHER

13. NAME Frank Stangl 73

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 163

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT John Gambos
(ADDRESS) 615 Wilmington ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE Jan. 20 1939

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED JAN 17 1939 19 J. B. Bredeck Local Registrar.
17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lye Poisoning, self administered, in the basement of her home at 615 Wilmington Ave.

Other contributory causes of importance:

on Jan. 4th 1939 at about 11:45 P.M.

Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/4, 1939

Where did injury occur? St. Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph M. Quinn M.D.

(Address) Doherty Colmer

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, and

L. E.

No. or by Neal C. Paulson, Registered Apprentice No. 139

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

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.)