

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH: 3

(a) County St. Louis

(b) City or town Pine Lawn

(c) Name of hospital or institution: Mother of Good Council, Home for the Incurables
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months 22 days
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4134 Pennsylvania Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Katherine Agnew 257

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Edward 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 22 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1939 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 24, 1939, to Aug 4, 1939, that I last saw her alive on Aug 13 and that death occurred on the date and hour stated above.

Immediate cause of death Erucious Anemia

Duration _____

8. AGE: Years Months Days If less than one day

67	10	8	hr. min.
----	----	---	----------

Due to _____

Due to 7/10

9. Birthplace Columbia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Other conditions Smelity
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Philip Jansen

{ 13. Birthplace Columbia Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Louise Mosbacher

{ 15. Birthplace Columbia Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Louise Mosbacher

(b) Address 4134 Pennsylvania Ave.

17. (a) Burial (b) Date thereof Sept. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director J. H. Gebert

(b) Address 2842 Meramec St.

19. (a) AUG 30 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 5899 Delmar Date signed _____

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.....

Robert F. Gebken

Registered Apprentice No. *187*

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. *2120*

2842 Meramec St.
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.