

20231

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 791Primary Registration District No. 1003Registrar's No. 5179

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Peoples Hospital, 3449 Pine, St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution (5) Days.  
 (Specify whether  
 In this community 30 years.  
 years, months or days)

3. (a) PRINT FULL NAME Gustina Edna Agnew. 2503. (b) If veteran, name war XXX 3. (c) Social Security No. ?4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married.6. (b) Name of husband or wife Benjamin F. Agnew. 6. (c) Age of husband or wife if alive 33 years7. Birth date of deceased June 29 1909.  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
30 11 12 hr. min.9. Birthplace Webster Grove, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation House-Wife.11. Industry or business Domestic Duties.12. Name West Kinds,13. Birthplace Missouri.  
(City, town, or county) (State or foreign country)14. Maiden name Clara Kenney,  
(City, town, or county) (State or foreign country)15. Birthplace Missouri.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Benjamin F. Agnew(b) Address 3739.A.Windsor Place.17. (a) Burial. (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Father Dickson Cem,

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2812 Thomas St, St Louis19. (a) JUN 14 1940 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County \_\_\_\_\_  
 (c) City or town St Louis, 11  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3739.A.Windsor Place,  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. U.S.A. 30, Yrs years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th,  
year 1940. hour 11:00 minute P. M.21. I hereby certify that I attended the deceased from 6-6-40  
to 6-11-40, 19\_\_\_\_, to 19\_\_\_\_;  
that I last saw her alive on 6-11-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis Duration 7 moDue to Peritonitis 2 dayDue to Appendicitis & SalpingitisOther conditions Uterine fibroids non malignant  
(Include pregnancy within 3 months of death)Major findings: Chronic bronchitis w/  
Of operations R. P. was leg amput.  
Of autopsy non purulent

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Henry C. Stumpton (M.D. or other) \_\_\_\_\_Address 2340 Waverley St. Date signed \_\_\_\_\_

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.

RECORD IN MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

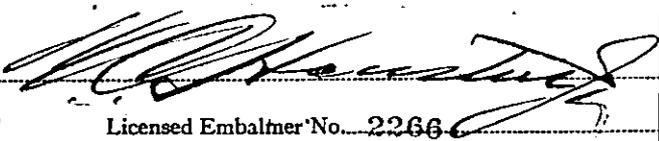
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Myself.**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2266

P. O. Address 2812, Thomas, St. Louis, Mo

**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.**